

W A S H I N G T O N
H I G H E R
EDUCATION
C O O R D I N A T I N G B O A R D

DISPLACED
HOMEMAKER
PROGRAM

2003-2005 CONTRACTOR
HANDBOOK

**Washington Displaced Homemaker Program
2003-2005 Contractor Handbook**

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**WASHINGTON DISPLACED HOMEMAKER PROGRAM
2003-2005 CALENDAR**

YEAR-ONE

August 11-13, 2003	DHP Contractor In-Service Training
October 15, 2003	Quarterly Report Due – Quarter 1 Client Forms Due – Quarter 1 BESI Scores Due – Quarter 1
October 31, 2003	Financial Report Due – Quarter 1 Request for Reimbursement Due – Quarter 1
January 15, 2004	Quarterly Report Due – Quarter 2 Client Forms Due – Quarter 2 BESI Scores Due – Quarter 2 6-month Narrative Report Due
January 30, 2004	Financial Report Due – Quarter 2 Request for Reimbursement Due – Quarter 2
March-April, 2004	HECB Staff Conducts Compliance Site Visits
April 15, 2004	Quarterly Report Due – Quarter 3 Client Forms Due – Quarter 3 BESI Scores Due – Quarter 3
April 30, 2004	Financial Report Due – Quarter 3 Request for Reimbursement Due – Quarter 3
July 15, 2004	Quarterly Report Due – Quarter 4 Client Forms Due – Quarter 4 BESI Scores Due – Quarter 4 Financial Report Due – Quarter 4 Request for Reimbursement Due – Quarter 4 6-month Narrative Report Due

YEAR TWO

October 15, 2004

Quarterly Report Due – Quarter 5
Client Forms Due – Quarter 5
BESI Scores Due – Quarter 1

October 29, 2004

Financial Report Due – Quarter 5
Request for Reimbursement Due – Quarter 5

January 14, 2005

Quarterly Report Due – Quarter 6
Client Forms Due – Quarter 6
BESI Scores Due – Quarter 1
6-month Narrative Report Due

January 31, 2005

Financial Report Due – Quarter 6
Request for Reimbursement Due – Quarter 6

April 15, 2005

Quarterly Report Due – Quarter 7
Client Forms Due – Quarter 7
BESI Scores Due – Quarter 1

April 29, 2005

Financial Report Due – Quarter 7
Request for Reimbursement Due – Quarter 7

July 15, 2005

Quarterly Report Due – Quarter 8
Client Forms Due – Quarter 8
BESI Scores Due – Quarter 1
Financial Report Due – Quarter 8
Request for Reimbursement Due – Quarter 8
6-month Narrative Report Due

DHP CONTRACTOR CONTACT INFORMATION

DISPLACED HOMEMAKER CENTERS

Clark College

Becky Merritt
Southwest Washington Regional Displaced Homemaker
Center
1800 East McLoughlin Blvd.
Vancouver WA 98633

(360) 992-2321
FAX (360) 992-2843
bmerritt@clark.edu

Community Colleges of Spokane

Dawn Hitchens
3305 W. Ft. George Wright Drive
Spokane WA 99224-5228

(509) 279-6061
FAX (509) 533-3226
dhitchens@iel.spokane.cc.wa.us

Olympic College

Laurie Adamson/ Julie Johnson
Olympic College Displaced Homemaker Center
1600 Chester Avenue
Bremerton WA 98310-1699

(360) 475-7478
FAX (360) 475-7477
ladamson@oc.ctc.edu; jjohnson@oc.ctc.edu

Pathways for Women YWCA

Wendy Clarke
3301 Broadway
Everett WA 98201

(425) 258-2766 x225
wclarke@ywcaworks.org

Skagit Valley College

Margo Grothe
Northwest Displaced Homemaker Center
2405 East College Way
Mount Vernon WA 98273

(360) 416-7762
FAX (360) 416-7890
grothe@skagit.ctc.edu

DISPLACED HOMEMAKER PROGRAMS OF SERVICE

Green River Community College

Eileen Dunn
Women's Programs director
12401 SE 320th Street
Auburn WA 98092-6399
(253) 833-9111 x2544
FAX (253) 288-3469
edunn@greenriver.edu

Pierce College

Debbie Davolio
Pierce College Displaced Homemaker Program
9401 Farwest Drive SW
Tacoma WA 98498

(253) 964-6234
FAX (253) 964-6427
ddavolio@pierce.ctc.edu

Walla Walla Community College/ Clarkston Center Impact!

Petrova Ruark
1470 Bridge Street
Clarkston WA 99403

(509) 758-1716
FAX (509) 758-9512
Petrova.ruark@wwcc.edu

Whatcom Community College

Robin Bailey
Turning Point Program
237 W. Kellogg Road
Bellingham WA 98226

(360) 676-2170 x3415
FAX (360) 676-2171
rbailey@whatcom.ctc.edu

DISPLACED HOMEMAKER MINI PROGRAMS

Bates Technical College

Jean Watley
1101 Yakima Ave.
Tacoma WA 98405-4895

(253) 680-7290
FAX (253) 680-7288
jwatley@bates.ctc.edu

Families in Crisis

Lynn Neumann
Executive Director
2616 NE Kresky Ave Suite 204
PO Box 1324
Chehalis WA 98532

(360) 807-6187
FAX: (360) 807-2007
lmneumann@localaccess.com

DISPLACED HOMEMAKER PROGRAM

HIGHER EDUCATION COORDINATING BOARD STAFF CONTACT INFORMATION

ELAINE JONES
Associate Director

Phone (360) 753-7823
Fax (360) 704-6223
E-Mail elainej@hecb.wa.gov

BRENDA LANDERS
Program Manager

Phone (360) 753-7827
Fax (360) 704-6227
E-Mail brendal@hecb.wa.gov

SASKIA KAMERON
Program Assistant

Phone (360) 753-7832
Fax (360) 704-6232
E-Mail saskiak@hecb.wa.gov

**Higher Education Coordinating Board
917 Lakeridge Way / PO Box 43430
Olympia, Washington 98504-3430
(360) 753-7800 / Fax: (360) 753-7807**

www.hecb.wa.gov

CHAPTER 28B.04 RCW DISPLACED HOMEMAKER ACT

Sections

- 28B.04.010 Short title.
- 28B.04.020 Legislative findings--Purpose.
- 28B.04.030 Definitions.
- 28B.04.040 Multipurpose service centers--Contracts for--Rules embodying standards for--Funds for.
- 28B.04.050 Multipurpose service centers--Referral to services by--Displaced homemakers as staff.
- 28B.04.060 Contracting for specific programs.
- 28B.04.070 Evaluation--Recommendations.
- 28B.04.080 Consultation and cooperation with other agencies--Agency report of available services and funds therefor--Board as clearinghouse for information and resources.
- 28B.04.085 Displaced homemaker program advisory committee.
- 28B.04.090 Considerations when awarding contracts.
- 28B.04.100 Percentage of funding for centers or program to be provided by administering organization.
- 28B.04.110 Acceptance and use of contributions authorized--Qualifications.
- 28B.04.120 Discrimination prohibited.

RCW 28B.04.010 Short title.

This chapter may be known and cited as the "displaced homemaker act." [1979 c 73 § 1.]

RCW 28B.04.020 Legislative findings--Purpose.

The legislature finds that homemakers are an unrecognized part of the work force who make an invaluable contribution to the strength, durability, and purpose of our state.

The legislature further finds that there is an increasing number of persons in this state who, having fulfilled a role as homemaker, find themselves "displaced" in their middle years through divorce, death of spouse, disability of spouse, or other loss of family income of a spouse. As a consequence, displaced homemakers are very often left with little or no income; they are ineligible for categorical welfare assistance; they are subject to the highest rate of unemployment of any sector of the work force; they face continuing discrimination in employment because of their age and lack of recent paid work experience; they are ineligible for unemployment insurance because they have been engaged in unpaid labor in the home; they are ineligible for social security benefits because they are too young, and many never qualify because they have been divorced from the family wage earner; they may have lost beneficiaries' rights under employer's pension and health plans through divorce or death of spouse; and they are often unacceptable to private health insurance plans because of their age.

It is the purpose of this chapter to establish guidelines under which the higher education coordinating board shall contract to establish multipurpose service centers and programs to provide necessary training opportunities, counseling, and services for displaced homemakers so that they may enjoy the independence and economic security vital to a productive life. [1985 c 370 § 36; 1982 1st ex.s. c 15 § 1; 1979 c 73 § 2.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.030 Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Board" means the higher education coordinating board.

(2) "Center" means a multipurpose service center for displaced homemakers as described in RCW 28B.04.040.

(3) "Program" means those programs described in RCW 28B.04.050 which provide direct, outreach, and information and training services which serve the needs of displaced homemakers.

(4) "Displaced homemaker" means an individual who:

(a) Has worked in the home for ten or more years providing unsalaried household services for family members on a full-time basis; and

(b) Is not gainfully employed;

(c) Needs assistance in securing employment; and

(d) Has been dependent on the income of another family member but is no longer supported by that income, or has been dependent on federal assistance but is no longer eligible for that assistance, or is supported as the parent of minor children by public assistance or spousal support but whose children are within two years of reaching their majority. [1985 c 370 § 37; 1979 c 73 § 3.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.040 Multipurpose service centers--Contracts for--Rules embodying standards for--Funds for.

(1) The board, in consultation with state and local governmental agencies, community groups, and local and national organizations concerned with displaced homemakers, shall receive applications and may contract with public or private nonprofit organizations to establish multipurpose service centers for displaced homemakers. In determining sites and administering agencies or organizations for the centers, the board shall consider the experience and capabilities of the public or private nonprofit organizations making application to provide services to a center.

(2) The board shall issue rules prescribing the standards to be met by each center in accordance with the policies set forth in this chapter. Continuing funds for the maintenance of each center shall be contingent upon the determination by the board that the center is in compliance with the contractual conditions and with the rules prescribed by the board. [1985 c 370 § 38; 1982 1st ex.s. c 15 § 2; 1979 c 73 § 4.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.050 Multipurpose service centers--Referral to services by--Displaced homemakers as staff.

(1) Each center contracted for under this chapter shall include or provide information and referral to the following services:

(a) Job counseling services which shall:

- (i) Be specifically designed for displaced homemakers;
- (ii) Counsel displaced homemakers with respect to appropriate job opportunities; and
- (iii) Take into account and build upon the skills and experience of a homemaker and emphasize job readiness as well as skill development;
- (b) Job training and job placement services which shall:
 - (i) Emphasize short-term training programs and programs which expand upon homemaking skills and volunteer experience and which lead to gainful employment;
 - (ii) Develop, through cooperation with state and local government agencies and private employers, model training and placement programs for jobs in the public and private sectors;
 - (iii) Assist displaced homemakers in gaining admission to existing public and private job training programs and opportunities, including vocational education and apprenticeship training programs; and
 - (iv) Assist in identifying community needs and creating new jobs in the public and private sectors;
- (c) Health counseling services, including referral to existing health programs, with respect to:
 - (i) General principles of preventative health care;
 - (ii) Health care consumer education, particularly in the selection of physicians and health care services, including, but not limited to, health maintenance organizations and health insurance;
 - (iii) Family health care and nutrition;
 - (iv) Alcohol and drug abuse; and
 - (v) Other related health care matters;
- (d) Financial management services which provide information and assistance with respect to insurance, taxes, estate and probate problems, mortgages, loans, and other related financial matters;
- (e) Educational services, including:
 - (i) Outreach and information about courses offering credit through secondary or postsecondary education programs, and other re-entry programs, including bilingual programming where appropriate; and
 - (ii) Information about such other programs as are determined to be of interest and benefit to displaced homemakers by the board;
- (f) Legal counseling and referral services; and
- (g) Outreach and information services with respect to federal and state employment, education, health, public assistance, and unemployment assistance programs which the board determines would be of interest and benefit to displaced homemakers.
- (2) The staff positions of each multipurpose center contracted for in accordance with RCW 28B.04.040, including supervisory, technical, and administrative positions, shall, to the maximum extent possible, be filled by displaced homemakers. [1985 c 370 § 39; 1982 1st ex.s. c 15 § 3; 1979 c 73 § 5.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.060 Contracting for specific programs.

The board may contract, where appropriate, with public or private nonprofit groups or organizations serving the needs of displaced homemakers for programs designed to:

(1) Provide direct services to displaced homemakers, including job counseling, job training and placement, health counseling, financial management, educational counseling, legal counseling, and referral services as described in RCW 28B.04.050;

(2) Provide state-wide outreach and information services for displaced homemakers; and

(3) Provide training opportunities for persons serving the needs of displaced homemakers, including those persons in areas not directly served by programs and centers established under this chapter. [1985 c 370 § 40; 1982 1st ex.s. c 15 § 4; 1979 c 73 § 6.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.070 Evaluation--Recommendations.

Subject to RCW 40.07.040, the board shall submit to the legislature a biennial evaluation through 1990. The evaluations may include recommendation for future programs as determined by the board. [1987 c 505 § 10; 1985 c 370 § 41; 1982 1st ex.s. c 15 § 5; 1979 c 73 § 7.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.080 Consultation and cooperation with other agencies--Agency report of available services and funds therefor--Board as clearinghouse for information and resources.

(1) The board shall consult and cooperate with the department of social and health services; the *state board for community college education; the superintendent of public instruction; the **commission for vocational education; the employment security department; the department of labor and industries; sponsoring agencies under the federal comprehensive employment and training act (87 Stat. 839; 29 U.S.C. Sec. 801 et seq.), and any other persons or agencies as the board deems appropriate to facilitate the coordination of centers established under this chapter with existing programs of a similar nature.

(2) Annually on July 1st, each agency listed in subsection (1) of this section shall submit a description of each service or program under its jurisdiction which would support the programs and centers established by this chapter and the funds available for such support.

(3) The board shall serve as a clearinghouse for displaced homemaker information and resources and shall compile and disseminate state-wide information to the centers, related agencies, and interested persons upon request. [1985 c 370 § 42; 1982 1st ex.s. c 15 § 6; 1979 c 73 § 8.]

NOTES:

Reviser's note: *(1) The state board for community college education was renamed the state board for community and technical colleges by 1991 c 238 § 30.

** (2) The commission on vocational education and its powers and duties, pursuant to the Sunset Act, chapter 43.131 RCW, were terminated June 30, 1986, and repealed June 30, 1987. See 1983 c 197 §§ 17 and 43.

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.085 Displaced homemaker program advisory committee.

(1) The executive coordinator of the higher education coordinating board shall establish an advisory committee, to be known as the displaced homemaker program advisory committee.

(2) The advisory committee shall be advisory to the executive coordinator and staff of the board.

(3) Committee membership shall not exceed twenty-two persons and shall be geographically and generally representative of the state. At least one member of the advisory committee shall either be or recently have been a displaced homemaker.

(4) Functions of the advisory committee shall be:

(a) To provide advice on all aspects of administration of the displaced homemaker program, including content of program rules, guidelines, and application procedures;

(b) To assist in coordination of activities under the displaced homemaker program with related activities of other state and federal agencies, with particular emphasis on facilitation of coordinated funding. [1987 c 230 § 2.]

NOTES:

Effective date--1987 c 230: See note following RCW 36.18.010.

RCW 28B.04.090 Considerations when awarding contracts.

In the awarding of contracts under this chapter, consideration shall be given to need, geographic location, population ratios, and the extent of existing services. [1979 c 73 § 9.]

RCW 28B.04.100 Percentage of funding for centers or program to be provided by administering organization.

Thirty percent of the funding for the centers and programs under this chapter shall be provided by the organization administering the center or program. Contributions in-kind, whether materials and supplies, physical facilities, or personal services, may be considered as all or part of the funding provided by the organization. [1979 c 73 § 10.]

RCW 28B.04.110 Acceptance and use of contributions authorized--Qualifications.

The board may, in carrying out this chapter, accept, use, and dispose of contributions of money, services, and property: PROVIDED, That funds generated within individual centers may be retained and utilized by those centers. All moneys received by the board or any employee thereof pursuant to this section shall be deposited in a depository approved by the state treasurer. Disbursements of such funds shall be on authorization of the board or a duly authorized representative thereof. In order to maintain an effective expenditure and revenue control such funds shall be subject in all respects to chapter 43.88 RCW, but no appropriation shall be required to permit expenditure of such funds. [1985 c 370 § 43; 1979 c 73 § 11.]

NOTES:

Severability--Effective dates--1985 c 370: See RCW 28B.80.911 and 28B.80.912.

RCW 28B.04.120 Discrimination prohibited.

No person in this state, on the ground of sex, age, race, color, religion, national origin, or the presence of any sensory, mental, or physical handicap, shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under this chapter. [1979 c 73 § 12.]

**Chapter 250-44 WAC
REGULATIONS FOR THE ADMINISTRATION
OF THE DISPLACED HOMEMAKER PROGRAM**

Last Update: 4/23/01

WAC

<u>250-44-010</u>	Purpose.
<u>250-44-020</u>	Program administration.
<u>250-44-030</u>	Advisory committee.
<u>250-44-040</u>	Definitions.
<u>250-44-050</u>	Utilization of available contract funds.
<u>250-44-060</u>	Eligibility to apply for contracts.
<u>250-44-070</u>	Calendar and closing dates for applications and awards.
<u>250-44-080</u>	Content of application.
<u>250-44-090</u>	Standards to be met by applicants.
<u>250-44-100</u>	Required assurances.
<u>250-44-110</u>	Criteria for selection of contracts to be awarded.
<u>250-44-120</u>	Procedure for selection of contracts to be awarded.
<u>250-44-140</u>	Length of contract periods.
<u>250-44-150</u>	Amendment of contracts.
<u>250-44-160</u>	Eligible expenditures and matching requirements.
<u>250-44-170</u>	Payments under approved contracts.
<u>250-44-180</u>	Withholding of contract payments.
<u>250-44-190</u>	Accounting, reporting, and records retention requirements.
<u>250-44-200</u>	Program audits.

DISPOSITIONS OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

{PRI Evaluation reports. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061
VAT (Order 4-87, Resolution No. 87-57), § 250-44-210, filed 7/31/87; 82-15-018 (Order 2-82,
E}250 Resolution No. 82-54), § 250-44-210, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-
-44- 09-042 (Order 7-79, Resolution No. 80-4), § 250-44-210, filed 8/17/79. Repealed by 01-01-050,
210 filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#).

WAC 250-44-010 Purpose. The Displaced Homemaker Act, [chapter 28B.04 RCW](#) establishes guidelines under which the higher education coordinating board shall contract to establish both multipurpose service centers and programs of service to provide necessary training opportunities, counseling and services for displaced homemakers so that they may enjoy the independence and economic security vital to a productive life. This chapter is promulgated by the board to establish necessary regulations for the operation of the displaced homemaker program.

[Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-010, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-010, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-010, filed 8/17/79.]

WAC 250-44-020 Program administration. Responsibility for all aspects of administration of the displaced homemaker program, subject to these regulations, shall be vested in the executive director of the board.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, § 250-44-020, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-020, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-020, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-020, filed 8/17/79.]

WAC 250-44-030 Advisory committee. (1) The executive director shall establish an advisory committee, to be known as the displaced homemaker program advisory committee.

(2) The advisory committee shall be advisory to the executive director and staff of the board, and is intended to provide an effective and efficient means for the consultation required by sections 4 and 8 of the act.

(3) Members of the advisory committee shall include one person from each of the agencies listed in section 8 of the act, plus such other persons as the executive director deems necessary to provide adequate consultation and geographic and general public representation, but total advisory committee membership shall not exceed twenty-two persons. At least one member of the advisory committee shall either be or recently have been a displaced homemaker.

(4) Functions of the advisory committee shall be:

(a) To provide advice on all aspects of administration of the displaced homemaker program, including content of program rules, guidelines, and application procedures;

(b) To assist in coordination of activities under the act with related activities of other state and federal agencies, with particular emphasis on facilitation of coordinated funding.

[Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-030, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-030, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-030, filed 8/17/79.]

WAC 250-44-040 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Act" means the Displaced Homemaker Act, [chapter 28B.04 RCW](#), as amended.

(2) "Advisory committee" means the advisory committee established pursuant to [WAC 250-44-030](#).

(3) "Appropriate job opportunities" means opportunities to be gainfully employed, as defined in subsection (9) of this section, in jobs which build upon all relevant skills and potential skills of the individual displaced homemaker, including opportunities in jobs which in the past may not generally have been considered traditional for women.

(4) "Center" means a multipurpose service center as defined in subsection (10) of this section.

(5) "Board" means the higher education coordinating board.

(6) "Displaced homemaker" means an individual who:

(a) Has worked in the home for ten or more years providing unsalaried household services for family members on a full-time basis; and

- (b) Is not gainfully employed;
- (c) Needs assistance in securing employment; and
- (d) Meets one of the following criteria;
 - (i) Has been dependent on the income of another family member but is no longer supported by that income; or
 - (ii) Has been dependent on federal assistance but is no longer eligible for that assistance; or
 - (iii) Is supported as the parent of minor children by public assistance or spousal support, but whose youngest child is within two years of reaching majority.
- (7) "Executive director" means the executive director of the board.
- (8) "Executive officer" of the sponsoring organization means the chief executive or senior officer of the organization.
- (9) "Gainfully employed" means employed for salary or wages on a continuing basis and earning at least an amount equal to the standard of need established under [RCW 74.04.770](#).
- (10) "Multipurpose service center" means a center contracted for under the act, which either provides directly, or provides information about and referral to, each type of program of service as defined in subsection (14) of this section.
- (11) "Objective" means a purpose of a program of service which can be quantified and for which objective measurements of performance can be established.
- (12) "Displaced homemaker program" means the program of contracts for multipurpose service centers and programs of service for displaced homemakers authorized by the act.
- (13) "Program" means a program of service as defined in subsection (14) of this section.
- (14) "Program of service" means one of the specific services listed in subdivisions (a) through (g) of this subsection, and meeting the criteria set forth in the subdivision.
 - (a) Job counseling services, which shall:
 - (i) Be specifically designed for displaced homemakers;
 - (ii) Counsel displaced homemakers with respect to appropriate job opportunities (as defined in subsection (3) of this section); and
 - (iii) Take into account and build upon the skills and experience of a homemaker and emphasize job readiness as well as skill development.
 - (b) Job training and job placement services, which shall:
 - (i) Emphasize short-term training programs and programs which expand upon homemaking skills and volunteer experience and which prepare the displaced homemaker to be gainfully employed as defined in subsection (9) of this section;
 - (ii) Develop, through cooperation with state and local government agencies and private employers, model training and placement programs for jobs in the public and private sectors;
 - (iii) Assist displaced homemakers in gaining admission to existing public and private job training programs and opportunities, including vocational education and apprenticeship training programs; and
 - (iv) Assist in identifying community needs and creating new jobs in the public and private sectors.
 - (c) Health counseling services, including referral to existing health programs, which shall:
 - (i) Include general principles of preventative health care;
 - (ii) Include health care consumer education, particularly in the selection of physicians and health care services, including, but not limited to, health maintenance organizations and health insurance;
 - (iii) Include family health care and nutrition;
 - (iv) Include alcohol and drug abuse; and
 - (v) Include other related health care matters as appropriate.
 - (d) Financial management services, which shall:
 - (i) Provide information and assistance with respect to insurance, taxes, estate and probate problems, mortgages, loans and other related financial matters; and
 - (ii) Include referral, wherever feasible and appropriate, to public legal assistance programs staffed by attorneys.
 - (e) Educational services, which shall:
 - (i) Include outreach and information about courses offering credit through secondary or postsecondary education programs, and other re-entry programs, including bilingual programming where appropriate;

and

(ii) Include information about such other programs determined by the board to be of interest and benefit to displaced homemakers, and for which appropriate informational materials have been provided by the board.

(f) Legal counseling and referral services, which shall:

(i) Be limited to matters directly related to problems of displaced homemakers;

(ii) Be supplemental to financial management services as defined in subdivision (d) of this subsection; and

(iii) Emphasize referral, wherever feasible and appropriate, to public legal assistance programs staffed by attorneys.

(g) General outreach and information services with respect to federal and state employment, education, health, public assistance, and unemployment assistance programs which the board may determine to be of interest and benefit to displaced homemakers, and for which the board distributes appropriate informational materials.

(15) "Reaching majority" means reaching age eighteen.

(16) "Sponsoring organization" means a public institution, agency or governmental entity, or a chartered private nonprofit institution or organization which has legal authority to submit an application, enter into a contract, and provide the programs of service covered by the application, and which agrees to provide supervision and financial management to ensure compliance with the terms and conditions of the contract.

(17) "Training for service providers" means activities which provide training for persons serving the needs of displaced homemakers.

(18) "State-wide outreach and information services" means activities designed to make general outreach and information services for displaced homemakers available throughout Washington including but not limited to areas directly served by multipurpose service centers or other programs of service under the displaced homemaker program.

(19) "Subsistence" means support provided to, or paid to recipients for support services including all living expenses, child care, and transportation.

(20) "Performance indicators" means expected levels of services and outcomes as established by the executive director and made available in the application guidelines.

(21) "Initial contract" means a contract awarded based on a competitive process and the evaluation of an initial application.

(22) "Renewal contract" means a contract awarded to a current sponsoring organization for the ensuing biennium, based on the evaluation of a renewal application.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, § 250-44-040, filed 12/11/00, effective 1/11/01.

Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-040, filed 7/31/87; 85-10-022 (Order 1/85, Resolution No. 85-44), § 250-44-040, filed 4/23/85; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-040, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-040, filed 8/17/79.]

WAC 250-44-050 Utilization of available contract funds. (1) The executive director shall issue contract application guidelines which shall establish criteria for specific utilization of available contract funds. The guidelines shall set forth:

(a) The maximum contract amount available for funding of a multipurpose service center.

(b) The maximum contract amount available for funding of a program or programs of service.

(c) A reservation of funds for contracts to provide state-wide outreach and information services and/or training for service providers.

(2) At least two multipurpose service centers, each located in a highly populated area, shall be supported under the displaced homemaker program, provided adequate funds have been appropriated.

(3) Remaining funds shall be used for contracts selected to provide geographic dispersion of displaced homemaker multipurpose service centers and programs of service.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, § 250-44-050, filed 12/11/00, effective 1/11/01.

Statutory Authority: [RCW 28B.10.806](#) and [chapter 28B.04 RCW](#) as amended. 95-07-087 (Order 95-02), § 250-44-050, filed 3/16/95, effective 4/16/95; 93-07-061 (Resolution No. 93-8), § 250-44-050, filed

3/17/93, effective 4/17/93; 91-14-009, § 250-44-050, filed 6/24/91, effective 7/25/91. Statutory Authority: [Chapter 28B.04 RCW](#) as amended. 89-08-056 (Order 1-89, Resolution No. HECB 89-3), § 250-44-050, filed 3/31/89; 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-050, filed 7/31/87; 85-10-022 (Order 1/85, Resolution No. 85-44), § 250-44-050, filed 4/23/85; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-050, filed 7/3/84; 83-14-041 (Order 3/83, Resolution No. 83-66), § 250-44-050, filed 6/30/83; 82-23-017 (Order 11/82, Resolution No. 83-21), § 250-44-050, filed 11/8/82; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-050, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-050, filed 8/17/79.]

WAC 250-44-060 Eligibility to apply for contracts. Either an initial or renewal application for a contract to provide either a multipurpose service center or one or more programs of service for displaced homemakers or training for service providers may be submitted by a sponsoring organization, as defined in [WAC 250-44-040](#)(16).

(1) The board shall require appropriate documentation of the nonprofit status of an applicant that is nonpublic.

(2) Organizations that apply as a consortium shall submit a single application. The application shall be submitted by the sponsoring organization that will serve as fiscal agent for the consortium.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, § 250-44-060, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-060, filed 7/31/87; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-060, filed 7/3/84. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-060, filed 8/17/79.]

WAC 250-44-070 Calendar and closing dates for applications and awards. (1) Applications for both initial and renewal contracts to provide services to displaced homemakers shall be submitted by eligible organizations pursuant to [WAC 250-44-040](#)(16) by the date specified in the contract application guidelines.

(2) The executive director of the board shall approve awards of contracts, provided qualifying applications were received by the closing dates specified in the application guidelines.

(3) In the event that available funds for contracts under the act are not fully utilized after approval of contracts, the executive director shall either establish a new calendar for further consideration of applications and award of contracts, or award supplemental funds to existing centers and programs by amendment of contracts in effect, or award supplemental funds for targeted displaced homemaker program initiatives.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-070, filed 12/11/00, effective 1/11/01. Statutory Authority: [RCW 28B.10.806](#) and [chapter 28B.04 RCW](#) as amended. 95-07-087 (Order 95-02), § 250-44-130, filed 3/16/95, effective 4/16/95; 93-07-061 (Resolution No. 93-8), § 250-44-130, filed 3/17/93, effective 4/17/93; 91-14-009, § 250-44-130, filed 6/24/91, effective 7/25/91. Statutory Authority: [Chapter 28B.04 RCW](#) as amended. 89-08-056 (Order 1-89, Resolution No. HECB 89-3), § 250-44-130, filed 3/31/89; 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-130, filed 7/31/87; 85-10-022 (Order 1/85, Resolution No. 85-44), § 250-44-130, filed 4/23/85; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-130, filed 7/3/84; 83-14-041 (Order 3/83, Resolution No. 83-66), § 250-44-130, filed 6/30/83; 82-23-017 (Order 11/82, Resolution No. 83-21), § 250-44-130, filed 11/8/82; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-130, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-130, filed 8/17/79.]

WAC 250-44-080 Content of application. Both initial and renewal applications shall be submitted using the format and forms prescribed in the contract application guidelines.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-080, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-140, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-140, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-140, filed 8/17/79.]

WAC 250-44-090 Standards to be met by applicants. In addition to eligibility as a public or nonprofit organization, each sponsoring organization shall be required to provide evidence of adequate staff or governing board provisions to provide administrative and financial management oversight services to ensure contract compliance.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-090, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#) as amended. 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-070, filed 7/3/84. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-070, filed 8/17/79.]

WAC 250-44-100 Required assurances. No contract shall be awarded unless the sponsoring organization includes in its application the following assurances:

- (1) No person in this state, on the grounds of sex, age, race, color, religion, national origin, or the presence of any sensory, mental, or physical handicap, shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under the act;
- (2) The sponsoring organization shall actively seek to employ for all staff positions supported by funds provided under the act, and for all staff positions supported by matching funds under any contract, including supervisory, technical and administrative positions, persons who qualify as displaced homemakers;
- (3) Services provided to displaced homemakers under the contract shall be provided without payment of any fees for the services: Provided, That the executive director may approve exceptions to this requirement upon determining that such exceptions would be in the best interest of displaced homemaker program objectives;
- (4) First priority for all services provided under the contract shall be given to persons who qualify in all regards as displaced homemakers. Other persons in need of the services due to similar circumstances may be assisted if provision of such assistance shall not in any way interfere with the provision of services to displaced homemakers as defined in the act. The sponsoring organization shall include in its reports separate and distinct accountability for services to displaced homemakers and to other persons in need of the services;
- (5) The sponsoring organization agrees to comply in full with the accounting and reporting requirements set forth in [WAC 250-44-190](#) and such other accounting and reporting requirements as may be established by the executive director.
- (6) The sponsoring organization agrees to participate in evaluation procedures, including the use of all specified uniform client classification forms for persons to whom services are provided, and specified uniform evaluation questionnaires;
- (7) The sponsoring organization will actively seek to coordinate activities under the contract with related activities and services provided by other organizations;
- (8) The sponsoring organization understands and agrees that payments from the board under the contract will be provided monthly or quarterly upon submission and approval of payment requests in a form and containing information specified by the executive director of the board, and that approval of payments shall be conditioned upon the executive director's determination that the sponsoring organization is in compliance with the terms of the contract and this chapter;
- (9) The executive officer of the sponsoring organization has reviewed the application, including all assurances contained therein, and is authorized to submit the application and execute a contract in accordance with the application if it is approved by the board; and
- (10) The executive director and staff of the board will be provided access to financial and other records pursuant to the contract.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-10-020, § 250-44-100, filed 4/23/01, effective 5/24/01; 01-01-050, amended and recodified as § 250-44-100, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-090, filed 7/31/87; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-090, filed 7/3/84; 82-15-018

(Order 2-82, Resolution No. 82-54), § 250-44-090, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-090, filed 8/17/79.]

WAC 250-44-110 Criteria for selection of contracts to be awarded. (1) Initial contracts. For each closing date established as specified in [WAC 250-44-070](#), applications will be ranked competitively according to their performance with respect to:

- (a) Size of the potential population to be served;
- (b) Demonstrated need for the proposed services;
- (c) Experience and capabilities of the sponsoring organization;
- (d) Provisions for coordination of services with other organizations providing related services in the geographic area.

(2) The executive director shall develop a system for evaluating initial applications with respect to the above-stated criteria, and make available in the application guidelines a description of the system.

(3) Final selection of initial applications to be approved will be based upon both relative ranking on factors listed in subsection (1) of this section and appropriate geographic distribution.

(4) Renewal contracts. The sponsoring organization may be eligible to renew its contract for one ensuing biennium provided the sponsoring organization was in full compliance with the 1999-2001 contract. Thereafter, the sponsoring organization may be eligible to renew its contract for one subsequent biennium provided the sponsoring organization was in full compliance with the contract and performance indicators established by the executive director.

(5) The executive director shall develop a system for evaluating renewal applications and make available in the application guidelines a description of the system.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-10-020, § 250-44-110, filed 4/23/01, effective 5/24/01; 01-01-050, amended and recodified as § 250-44-110, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-150, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-150, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-150, filed 8/17/79.]

WAC 250-44-120 Procedure for selection of contracts to be awarded. (1) Initial contracts. The following steps will be employed in screening and selection of applications to be approved for initial contracts:

- (a) Applications will be screened for eligibility and completeness;
- (b) A panel of application readers will be established, to consist of board staff members designated by the executive director, members of the advisory committee who are not members of the legislature or employees of sponsoring organizations, and such other persons as may be deemed appropriate by the executive director;
- (c) Within each category of application as described in [WAC 250-44-110](#)(1), the panel of readers will evaluate and rank qualifying applications according to the system published in accordance with [WAC 250-44-110](#)(2);
- (d) The advisory committee will consider evaluations prepared by the readers, and will develop a list of recommended approved applications to be awarded contracts;
- (e) The list of recommended approved applications will be submitted to the executive director of the board for approval. Upon approval the executive director will award the contracts.

(2) Renewal contracts. The following steps will be employed in screening and selection of applications to be approved for renewal contracts:

- (a) Applications will be screened for eligibility and completeness;
- (b) In cooperation with the advisory committee, or a subset thereof, the board will evaluate qualifying applications in accordance with [WAC 250-44-110](#)(4) and develop a list of recommended approved renewal applications according to the system published in [WAC 250-44-110](#)(5);
- (c) The list of recommended approved renewal applications shall be submitted to the executive director of the board for approval. Upon approval the executive director will award the renewal contracts.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-10-020, § 250-44-120, filed 4/23/01, effective 5/24/01; 01-01-050, amended and recodified as § 250-44-120, filed 12/11/00, effective 1/11/01. Statutory

Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-160, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-160, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-160, filed 8/17/79.]

WAC 250-44-130 Incorporation of applications in contracts. Each approved application will be incorporated into and made a part of the contract between the board and the sponsoring organization, to be signed by the executive director and the executive officer of the sponsoring organization.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, recodified as § 250-44-130, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-170, filed 7/31/87. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-170, filed 8/17/79.]

WAC 250-44-140 Length of contract periods. (1) Contract periods for each contract awarded under the act shall be in accordance with each application proposal, subject to contract application guidelines issued by the executive director, but shall not begin before the starting date or extend beyond the end date of the upcoming biennium.

(2) An initial contract shall be awarded on a biennial basis.

(3) A contract funded for the 1999-2001 biennium may be renewed for the 2001-2003 biennium provided the sponsoring organization was in full compliance with all of the terms of the 1999-2001 contract, as evidenced by the on-site compliance reviews.

(4) An initial contract funded for the 2001-2003 biennium, and any contract funded thereafter may be renewed for one ensuing biennium provided the sponsoring organization was in full compliance with the contract and performance indicators established by the executive director.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-140, filed 12/11/00, effective 1/11/01. Statutory Authority: [RCW 28B.10.806](#) and [chapter 28B.04 RCW](#) as amended. 95-07-087 (Order 95-02), § 250-44-110, filed 3/16/95, effective 4/16/95; 93-07-061 (Resolution No. 93-8), § 250-44-110, filed 3/17/93, effective 4/17/93; 91-14-009, § 250-44-110, filed 6/24/91, effective 7/25/91. Statutory Authority: [Chapter 28B.04 RCW](#) as amended. 89-08-056 (Order 1-89, Resolution No. HECB 89-3), § 250-44-110, filed 3/31/89; 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-110, filed 7/31/87; 85-10-022 (Order 1/85, Resolution No. 85-44), § 250-44-110, filed 4/23/85; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-110, filed 7/3/84; 83-14-041 (Order 3/83, Resolution No. 83-66), § 250-44-110, filed 6/30/83; 82-23-017 (Order 11/82, Resolution No. 83-21), § 250-44-110, filed 11/8/82; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-110, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-110, filed 8/17/79.]

WAC 250-44-150 Amendment of contracts. A contract may be amended by mutual agreement between the executive director and the executive officer of the sponsoring organization.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, recodified as § 250-44-150, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-180, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-180, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-180, filed 8/17/79.]

WAC 250-44-160 Eligible expenditures and matching requirements. (1) Eligible expenditures include all operating expenses necessary to carry out the training, counseling, and referral services covered in the proposal, and to provide outreach activities related to the services, subject to the following limitations:

(a) No funds under the contract budgets shall be utilized to provide subsistence or stipends for recipients of the services provided.

(b) No funds under the contract budgets shall be utilized to pay for student tuition and fees for enrollment in education programs or courses except under specific prior approval by the executive director.

(c) All out-of-state travel or any subcontracts with other agencies or organizations, to be paid for with funds under contract budgets, must be specifically approved in advance by the executive director or the

director's designee; and

(d) Formula allocations of overhead or other expenses of the sponsoring organization not directly related to the provision of the services covered by the contract shall not be included in the contract budget, but charges for direct services in support of the contract such as financial accounting services, printing services, transportation, etc., may be included.

(2) Although the contract budget shall not support subsistence, stipends, or tuition and fee payments (unless approved in advance) for recipients of services under the contract, sponsoring organizations are encouraged wherever possible and appropriate to obtain and provide funds for such purposes from other sources.

(3) Matching requirements. At least thirty percent of the funding for each center or program supported by a contract under the act must be provided by the sponsoring organization, based on the original contract amount.

(a) Validation of the provision of required matching support shall be provided as required in each application.

(b) Matching may be provided either in the form of supplemental funds, from any source other than the contract under the act, to pay for services separately accounted for in carrying out the activities covered by the contract, or in the form of contributed services or contributions in-kind also specifically and separately accounted for.

(c) Contributions in-kind may include materials, supplies, chargeable services such as printing services or transportation, salaries and fringe benefit costs for paid employees of the sponsoring organization to the extent such employees work directly in the provision of services under the contract or providing direct support such as secretarial or accounting support, and the equivalent value of contributed volunteer services on the same basis: Provided, That the dollar value of contributed volunteer services shall be calculated by determining the hourly rate for comparable paid positions for which the volunteer is fully qualified, and multiplying the hourly rate times the number of hours of service contributed.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-160, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-080, filed 7/31/87; 84-14-084 (Order 2/84, Resolution No. 84-76), § 250-44-080, filed 7/3/84. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-080, filed 8/17/79.]

WAC 250-44-170 Payments under approved contracts. Payments to sponsoring organizations under approved contracts for multipurpose service centers, programs of service, and training for service providers shall be authorized and processed according to the following procedure:

(1) Payments will be made, one month at a time; unless less frequent payments are requested by the contractor.

(2) Sponsoring organizations will submit requests for payment on Invoice Voucher A 19-x form and to contain information specified by the executive director to include:

(a) Actual expenditures for request period;

(b) Expenditures listed by the following categories: Personnel, travel, facilities, advertising, supplies/materials, communications, and other.

(3) Upon approval of the request for payment, and receipt of the quarterly report for the most recent completed quarter under the contract, the executive director will authorize disbursement of the funds.

(4) Requests for payments must be received in the board office at least two weeks prior to the requested payment date.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, recodified as § 250-44-170, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-120, filed 7/31/87; 85-10-022 (Order 1/85, Resolution No. 85-44), § 250-44-120, filed 4/23/85; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-120, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution 80-4), § 250-44-120, filed 8/17/79.]

WAC 250-44-180 Withholding of contract payments. If the executive director determines that a sponsoring organization is not in compliance with contract provisions of this chapter, the executive director shall suspend payments under the contract and shall file a report with the board and with the sponsoring organization of the reason for suspension of payments. The sponsoring organization may correct the state of noncompliance or may appeal the executive director's determination to the board at its next regular meeting. If the executive director finds that any claimed expenditures under the contract are not eligible under this chapter, the executive director shall deduct such amounts from the next request for payment. The sponsoring organization may, through the executive director, request a hearing on the executive director's decision before the board at its next regular meeting.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, amended and recodified as § 250-44-180, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-190, filed 7/31/87. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-190, filed 8/17/79.]

WAC 250-44-190 Accounting, reporting, and records retention requirements. (1) Accounting. Sponsoring organizations shall maintain separate accounts for funds received under approved contracts and for matching funds expended and in-kind matching provided under such contracts. The accounting records shall include:

- (a) Sufficient detail by object of expenditure to permit verification and reporting of expenditures according to object categories used in the budget format provided with the application; and
- (b) Documentation of all expenditures charged to the contract or matching accounts, in the form of either:
 - (i) Direct charges supported by vouchers;
 - (ii) Journal vouchers for allocated portions of shared costs such as rental or communication costs, supported by explanations of allocation methods consistent with accounting practices generally used by the sponsoring organization; or
 - (iii) Records of actual time worked for persons not employed one hundred percent, but whose salary or wages are charged in part to the contract or matching account.

(2) Reporting. Sponsoring organizations shall:

- (a) Provide quarterly reports to the executive director, in a format and containing information specified by the executive director, sufficient to provide:

- (i) An evaluation of outreach and participation in the services provided under the contracts; and
 - (ii) An evaluation of performance under the contract.

- (b) Maintain such records as are necessary to provide information contained in the reports.

(3) Records retention. Sponsoring organizations shall retain accounting and other supporting records until notified by the executive director of the completion of a program audit after the end of the contract period. This requirement is in addition to requirements of the state auditor's office applicable to public institutions and agencies.

[Statutory Authority: [Chapter 28B.04 RCW](#). 01-01-050, recodified as § 250-44-190, filed 12/11/00, effective 1/11/01. Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-100, filed 7/31/87. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-100, filed 8/17/79.]

WAC 250-44-200 Program audits. The executive director may arrange for a program audit, including review of accounts for expenditures under the contract, upon completion of the contract period. If any claimed expenditures are determined to be ineligible, the sponsoring organization shall be required to repay the amount of such ineligible expenditures.

[Statutory Authority: [Chapter 28B.04 RCW](#), as amended. 87-16-061 (Order 4-87, Resolution No. 87-57), § 250-44-200, filed 7/31/87; 82-15-018 (Order 2-82, Resolution No. 82-54), § 250-44-200, filed 7/12/82. Statutory Authority: [RCW 28B.10.806](#). 79-09-042 (Order 7-79, Resolution No. 80-4), § 250-44-200, filed 8/17/79.]

W A S H I N G T O N
H I G H E R
EDUCATION
C O O R D I N A T I N G B O A R D

Dear DHP Administrator:

Displaced homemakers often find themselves in the midst of unwanted change and transition, without any support, and needing to become self-sufficient. The purpose of the Washington Displaced Homemaker Program is to provide training, counseling, and services for displaced homemakers so that they may enjoy the independence and economic security vital to a productive life.

To assist you in leading displaced homemakers through transition to self-sufficiency, this handbook is divided into several sections. The Statute section contains the law passed by the Legislature from which all authority is drawn to administer the Displaced Homemaker Program. The Rules section, also known as the Washington Administrative Code or “WAC,” expands on the statute and also carries the force of law. Next are program guidelines, Chapters I-VII, which contain the detail needed to conduct the daily administration of the program. The guidelines not only provided day-to-day administrative guidance but also serve as the primary audit guide for determining organizational compliance with contract requirements. The final section provides detailed instruction on the use of the HECB Secure website for submitting reports and forms online.

You are encouraged to call HECB staff with any questions regarding program administration. We appreciate the fine work you do to ensure displaced homemakers have access to free services that will help them identify their transferable skills, build their self esteem, and develop educational and employment goals that will lead them to self-sufficiency.

Sincerely,

A handwritten signature in black ink that reads "Brenda Landers". The script is fluid and cursive, with the first name "Brenda" being more prominent than the last name "Landers".

Brenda Landers
Program Manager



PRIVACY NOTICE

**This notice applies to all personal information we collect from
Displaced Homemaker Program (DHP) participants.**

HECB Commitment to Privacy

The HECB's policy is to respect and protect the privacy of DHP participants. We are providing you with this notice to explain how we will collect and use your personal information and how we will protect your privacy.

Information HECB Collects

Personal information is any information that can readily identify a specific individual and includes such things as name, address, telephone number, and social security number. The personal information is collected from DHP Intake, Exit, and Follow Up Forms, as well as surveys.

How HECB Uses Information

The information is used to maintain DHP participant files, and track education and employment placements for the Displaced Homemaker Program. When a participant completes the Displaced Homemaker Program Instructional Services, HECB staff sends their information to officials at Washington State Employment Security and the Washington State Board for Community and Technical Colleges to track college enrollment and employment.

The HECB uses only non-identifying and aggregate information in reports to the Legislature and other organizations. We never disclose any information that can be used to identify an individual participant. Nor does the HECB sell or give away any personal information on DHP participants.

HECB Commitment to Security

To prevent unauthorized access to DHP participants' information, safeguard its accuracy, and provide protection of private information, the HECB has put in place physical, electronic, and managerial procedures to safeguard and secure the collected information.

How DHP Participants Can Review or Correct Their Information

DHP participants can review the collected information about themselves by contacting HECB staff. DHP participants may recommend changes to their personal information if they find it to be inaccurate. HECB staff will verify DHP participants' identity before granting them access to the collected information and/or making corrections.

How to Contact HECB Staff

If you have questions or concerns about these privacy policies, please contact the following HECB staff:

Brenda Landers, Program Manager
Displaced Homemaker Program
Higher Education Coordinating Board
17 Lakeridge Way
PO Box 43430
Olympia, WA 98504-3430
brendal@hecb.wa.gov

Chapter 1 - Information And Referral And Support Services

Information and Referral

Information and Referral Services must be available to displaced homemakers, as outlined in the Higher Education Coordinating Board (HECB) Displaced Homemaker Program (DHP) contract.

Definition

Information and Referral services are brief one-on-one contacts with individuals who request information about, or referral to, an agency that provides an existing service, or information about other services. Typically, individuals served through Information and Referral do not go through the eligibility determination process.

The contact may occur by phone, email, or in person. Such services may include referrals to legal, health, or financial counseling, and information about higher education or employment opportunities. They are provided through workshops, telephone counseling, outreach activities, or other referral methods.

Examples

Information and Referral Services do not include mailings meant to advertise or market instructional services classes.

Examples of Information and Referral may include, but are not limited to, the following:

- An individual calls to request information about housing assistance programs and is given the appropriate phone number for the local housing authority office.
- An individual comes into the program office and asks about financial assistance to attend college. Program staff refers the person to the financial aid office at the local community college.
- An individual calls to ask how to help a friend who is involved in a domestic violence situation. Program staff provide a phone number for the local domestic violence shelter.

Tracking

A detailed log of Information and Referral requests must be maintained and made available to HECB staff during the program compliance visit. An example of a tracking log is included in this handbook for your reference. Each incident of Information and Referral Services provided must be recorded under the following categories:

- a. Educational Services
- b. Employment Services
- c. Health Counseling Services
- d. Financial Management Advising
- e. Legal Counseling and Referral
- f. Basic or Immediate Survival Needs

When an individual requests information about more than one category, select and record the primary information.

Support Services

Support Services must be available to displaced homemakers, as outlined in the HECB DHP contract.

Definition

Support Services provide some basic direct support and assistance to displaced homemakers. Such services include assistance in job search and resume development, assistance securing emergency shelter, or other limited supportive services.

Typically, individuals served through Support Services do not go through the eligibility determination process. Individuals currently enrolled in instructional services should not be considered support service clients. If they plan on attending an upcoming class, but need support services before the class begins, those services may be counted. Likewise, if an individual graduates from instructional services and returns after graduation to receive support services, those services may be counted.

Examples

Examples of Support Services may include, but are not limited to the following:

- An individual comes into the office and asks for help with a housing issue. The person is being evicted from the home and is on the verge of becoming homeless. As the individual waits, program staff begins calling appropriate agencies that may be able to provide assistance.
- An individual comes into the office and asks for help completing admission forms for the local community college. Program staff assists in completing the forms.
- An individual comes into the office and expresses that she/he is in immediate danger because of a domestic violence situation. Program staff assists by contacting the local domestic violence shelter and removing the individual from the threatening situation.

Tracking

A detailed log of Support Services provided must be maintained and made available to HECB staff during the program compliance visit. An example of a tracking log is included in this handbook for your reference. Each incident of Support Services provided must be reported according to the following categories:

- a. Educational Services
- b. Employment Services
- c. Health Counseling Services

- d. Financial Management Advising
- e. Legal Counseling and Referral
- f. Basic or Immediate Survival Needs

When assistance is provided in more than one category, select and record the primary support service accordingly.

Any staff person employed under the HECB contract (grant dollars or match) providing information and referral and support services should track and log those services for each individual served.

Counting Clients Served

Counting should occur by incident, not by person. Each of the incidents below should be counted individually.

- Sally calls on Monday to ask for information on public housing.
- Barbara calls on Tuesday to ask for a referral to a mental health counselor, and directions to the food bank.
- Sally calls back on Wednesday to ask for information on completing her GED.
- Barbara makes an appointment to come into the office and complete a financial aid form. During the visit she also gets assistance applying for Working Connections Childcare.

Reporting

Information and Referral and Support Services will be reported quarterly on the DHP Quarterly Report. See Reporting instructions for additional detail.

2003-2005 DHP Information and Referral Tracking Log

For the Period of: _____

[illegible]

For the Period of: _____

Staff Name: _____

Chapter II - Instructional Services

General Guidelines	<p>Instructional Services (IS) provide a broad array of services to displaced homemakers. For Displaced Homemaker Centers these services must include <u>at least</u> 2 hours of individual advising, 56 hours of education and training covering all instructional components, and group support activities. For Displaced Homemaker Programs of Service and Mini-Programs, these services must include at least 6 hours of education and training addressing one or more instructional components and 2 hours of individual advising and group support activities.</p> <p>IS should help participants reach the DHP Goals and Student Learning Outcomes. Typically, they are provided through structured group activities and classroom instruction. IS should be designed to meet the needs unique to displaced homemakers.</p>
Individual Advising	<p>Individual advising sessions are one-on-one meetings between staff and displaced homemakers. These sessions typically occur during intake and exit interviews, but may include other sessions as well.</p>
Group Support	<p>Group support activities enable displaced homemakers to network and share information with other displaced homemakers. Group support may be provided as a separate offering or incorporated in IS. Examples of group support include weekly support group meetings, topical workshops, weekly job clubs, etc. for current and former IS clients.</p>
Education and Training	<p>Education and training activities should be based on the following eight instructional components:</p> <ul style="list-style-type: none">– Job Counseling– Education and Referral– Job Placement– Job Readiness and Essential Life Skills– Health Counseling– Financial Management– Legal Counseling and Information– General Outreach Activities
Readiness to Participate	<p>Individuals who approach the Displaced Homemaker Program to enroll in IS should be assessed for their readiness to participate. For example, individuals should have basic needs stabilized and have the ability to regularly attend and participate in a classroom setting. On occasion, an individual may benefit from being referred to other services first, later returning to enroll in DHP IS.</p>
Participant Expectations	<p>Individuals who enroll in IS should be made aware of the expectations for their participation. These expectations may be</p>

identified during the intake session, or on the first day of class, and might include:

- A limited number of absences
- A required number of hours in attendance
- A certain level of in-class participation
- Completion of homework assignments, etc.

Collection of Social Security Numbers

DHP Contractors are required to collect social security numbers on the DHP Intake Form for research purposes. If individuals will not disclose their social security number, the contractor should leave the social security number space blank on the Intake Form. The frequency of social security numbers missing from Intake Forms may be considered a compliance issue.

The Privacy Notice provided by the HECB must be displayed where all clients can read it, or handed to each client to read. The Privacy Notice outlines the HECB's policy for confidential collection and use of social security numbers.

Counting as Enrolled in IS

In some instances DHP Contractors may or may not count all individuals enrolled in IS classes.

You can count every individual enrolled in IS classes if:

- The IS class is funded solely through the HECB grant and match dollars, and
- All individuals enrolled are eligible displaced homemakers or individuals in circumstances similar to eligible displaced homemakers' circumstances.

You may not be able to count every individual enrolled in IS classes if:

- The IS class is funded through blended sources of funds, and
- The blended sources of funds include targeted funding for populations other than displaced homemakers, and
- Those other individuals are enrolled in the IS class with displaced homemakers.

Contact HECB staff if you have blended IS classes and have questions about who can and cannot be reported as enrolled under the HECB DHP contract.

IS Enrollment Priorities

Eligible Displaced Homemakers

First priority for IS services provided under the DHP contract should be given to eligible displaced homemakers. In addition, a majority of those served through IS must be eligible displaced homemakers as defined in the DHP Act. The DHP Act defines a displaced homemaker as an individual who:

- has worked in the home for ten or more years providing unsalaried household services for family members on a full-time basis;

- is not gainfully employed (Exhibit A);
- needs assistance in securing gainful employment;
- and meets one of the following criteria:
 - (1) has been dependent on the income of another family member but is no longer supported by that income; or
 - (2) has been dependent on federal assistance but is no longer eligible for that assistance; or is supported as the parent of children who are within two years of reaching 18 years of age, at which time public assistance or spousal support will cease.

**Serving Others in
Similar Circumstances**

Additional information about determining eligibility is included in the Client Forms and Intake Form section, of this handbook.

Other persons (who are not determined eligible) may be served under a contract if such assistance will not interfere with services provided to displaced homemakers, and other persons are in circumstances similar to eligible displaced homemakers' circumstances. These individuals should represent less than 25% of the total served through IS.

Graduation Criteria

Specific criteria should be used in determining whether IS participants have successfully completed, and graduated from IS. The criteria should reflect the criteria included in the DHP Application for Funding. Criteria may include:

- Expectations for Participants (as outlined above);
- Attended at least 80% of the total hours available through IS;
- Demonstrated increased self esteem and optimism;
- Completed a resume,
- Completed a practice interview.

**Graduation
Ceremony/Certificates**

Completion of each IS class should be celebrated with a graduation ceremony. Some ideas for graduation activities include:

- Potlucks
- Inviting family members and IS “friends”
- Refreshments (can be purchased through the DHP contract)
- Graduate speeches
- Certificates of Completion (State certificates available from HECB staff)

Repeating IS

Clients may be allowed to repeat their enrollment in IS, based on their individual circumstance.

Individuals who enroll in an IS class, and do not successfully graduate (as identified on the Exit Form) may re-enroll and pursue successful completion.

- Individuals who enroll in an IS class, and are considered a graduate, should not be allowed to re-enroll in IS unless their circumstances warrant. For example, as IS graduate may need additional help in finalizing a resume and practicing job interviews.

An IS graduate may need to repeat IS in its entirety due to a death in the family that left the individual in transition, again needing to become self-sufficient. In either of these cases, the individual should be considered last priority for enrollment, and should not be counted in enrollment figures reported to the HECB.

Chapter III – IS Student Learning Outcomes

Instructional Services are meant to help displaced homemakers move from dependence to independence. DHP Contractors success in helping displaced homemakers make this transition will be measured by each client's level of achievement in reaching the DHP Student Learning Outcomes.

The DHP Student Learning Outcomes are based on the DHP Goals developed by the Displaced Homemaker Program Statewide Advisory Committee. They are enclosed in this chapter for your reference.

This chapter includes information about required documentation and DHP Forms that will allow student learning outcomes to be tracked at the state level. In addition, this chapter includes suggested tools for measuring student learning outcomes.

Client Files

Client files must be maintained for each individual who is reported to the HECB as enrolled in IS. Each client file must contain an original or copy of the required documents listed below, and other documents as they apply to each client and/or DHP Contractor.

Required Documents

Each client file must contain a copy of the following:

- Intake Form
- Exit Form
- Follow up Form (when requested by the HECB)
- BESI pre- and post-test (copy/original of the complete BESI)
- Draft/Completed Resume
- Attendance Records (may be kept on a class roster rather than in individual student files.)
- Action/Personal Plan (Step 5 of the BESI can be used)

A copy/original of other forms or documents may be required in each file, depending on the instructional components offered, for example, if the Financial Management component is offered, each clients' file should include a household and/or personal budget.

- Household/Personal Budget
- Cover Letter
- Job Application, Sample/Real
- Practice Interview Checklist (or local program interview evaluation form)

Suggested Tools	The following tools have been developed to aid DHP Contractors in monitoring clients' achievement of DHP Student Learning Outcomes. These tools are only suggestions.
Client File Checklist	Upon request, Client File Checklists are available from the HECB.
Practice Interview Checklist	Upon request, Practice Interview Checklists are available from the HECB. They are used to document that a client completed a practice interview. They are also used to provide peer reviews and constructive feedback to clients.
Attendance Roster	Upon request, Attendance Rosters are available from the HECB. Attendance rosters are used to track attendance and the level of participation by clients. In addition, attendance rosters identify lessons taught on a day-to-day basis.
Client Achievement Checklist	Upon request, Client Achievement Checklists are available from the HECB. The Client Achievement Checklist is used to document each DHP Student Learning Outcome each client has achieved. The Client Achievement Checklist includes assessment measures or suggested instruments for measuring achievement of student learning outcomes.
	If any of the suggested tools listed above are used to monitor achievement of DHP Student Learning Outcomes, a copy of each should be kept in each client file.
	If the DHP Contractor has developed other tools for measuring achievement of student learning outcomes, a copy of each should be kept in each client file.

Displaced Homemaker Program – IS Client File Required Documents*If the client did not complete one of the items listed, document the reason.*

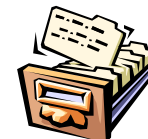
- ☐ Intake Form
- ☐ Exit Form
- ☐ Follow up Form (when requested by the HECB)
- ☐ BESI pre- and post-test (copy/original of the complete BESI)
- ☐ Draft/Completed Resume
- ☐ Attendance Records (may be kept on a class roster rather than in individual student files.)
- ☐ Action/Personal Plan (Step 5 of the BESI can be used)

**Other Documents, if Applicable**

- ☐ Household/Personal Budget
- ☐ Cover Letter
- ☐ Job Application, Sample/Real
- ☐ Practice Interview Checklist (or local program interview evaluation form)

Displaced Homemaker Program – IS Client File Required Documents*If the client did not complete one of the items listed, document the reason.*

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- ☐ Household/Personal Budget
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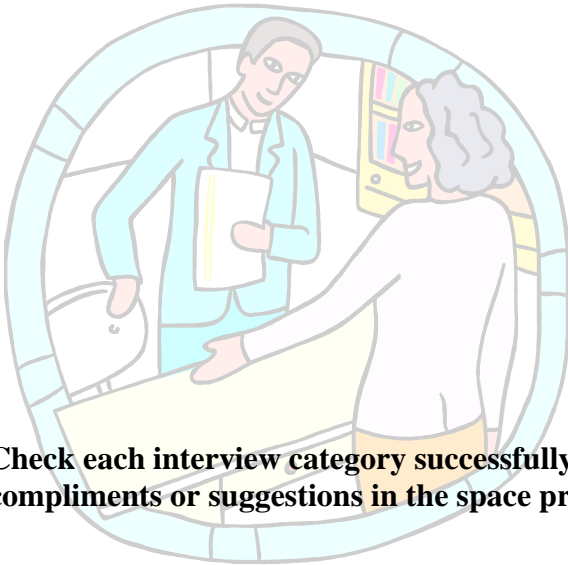
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- ☐ BESI pre- and post-test (copy/original of the complete BESI)
- ☐ Draft/Completed Resume
- ☐ Attendance Records (may be kept on a class roster rather than in individual student files.)
- ☐ Action/Personal Plan (Step 5 of the BESI can be used)

**Other Documents, if Applicable**

- ☐ Household/Personal Budget
- ☐ Cover Letter
- ☐ Job Application, Sample/Real
- ☐ Practice Interview Checklist (or local program interview evaluation form)

**DISPLACED HOMEMAKER PROGRAM
PRACTICE INTERVIEW CHECKLIST**




Name: _____


Client Number: _____


Date: _____

Check each interview category successfully completed during the practice interview. Add compliments or suggestions in the space provided.


 Dressed Appropriately (Hair, clothes, accessories, makeup, etc.)

 Brought Copies of Resume and Cover Letter


 Answered questions by giving examples of experience and skills

 Smiled during the interview

 Seemed comfortable and engaged

 Seemed interested and enthusiastic about the job

 Shook hands with the interview (panel) during introduction and conclusion

 Asked questions before completing the interview

Attendance Roster

Attachment C-2

[illegible]

DHP Student Learning Outcomes Client Achievement Checklist

Student Learning Outcome	Assessment Measure / Instrument	Achieved
Identifies and uses transferable skills	✓ Resume ✓ Client Form (Exit)	
Identifies and uses personal strengths and attributes	✓ Client Form (Exit)	
Demonstrates knowledge of non-traditional career opportunities	✓ BESI ✓ Client Form (Survey)	
Demonstrates improved awareness of vocational careers, including the importance of using math and technology skills in today's work environment	✓ BESI ✓ Client Form (Survey)	
Develops a personal plan, outlining steps for achieving employment and educational goals	✓ Action/Personal Plan ✓ Client Form (Exit)	
Demonstrates knowledge of education and training opportunities, including apprenticeship opportunities	✓ Client Form (Survey)	
Enters a vocational or academic program that enhances employment opportunities in a field paying a living (family) wage	✓ HECB Tracking/Follow-Up	
Demonstrates knowledge of current employment trends	✓ Client Form (Survey)	
Demonstrates knowledge of non-traditional career opportunities	✓ Client Form (Survey) ✓ BESI	
Applies knowledge of community resources and support systems	✓ Client Form (Survey)	
Actively participates in a practice interview	✓ Client Form (Exit) ✓ Practice Interview Checklist	
Completes a resume and sample job applications	✓ Client Form (Exit) ✓ Resume	
Creates an employment portfolio	✓ Client Form (Exit)	
Enters into full- or part-time employment in a field with potential to earn a living (family) wage	✓ HECB Tracking/Follow-Up	
Increases earnings in current position	✓ HECB Tracking/Follow-Up	
Applies effective communication and interpersonal skills	✓ Contractor/Instructor Assessment	
Demonstrates conflict resolution skills	✓ Contractor/Instructor Assessment	

Student Learning Outcome	Assessment Measure / Instrument	Achieved
Demonstrates improved self-esteem and optimism	✓ Contractor/Instructor Assessment	
Demonstrates skills to balance work and family	✓ Contractor/Instructor Assessment ✓ Attendance Roster	
Identifies barriers to employment	✓ BESI	
Develops strategies to manage barriers	✓ BESI	
Demonstrates knowledge of appropriate work attire and work image	✓ Client Form (Survey) ✓ Practice Interview Checklist	
Demonstrates knowledge of resources within the community to acquire a working wardrobe	✓ Client Form (Survey)	
Demonstrates awareness of workplace expectations and skills to be compatible in a diverse work environment	✓ Client Form (Survey)	
Develops an action plan, outlining steps for continual personal progress in gaining self-sufficiency	✓ Client Form (Exit) ✓ Action/Personal Plan	
Demonstrates knowledge of resources within the community to access health care	✓ Client Form (Survey)	
Demonstrates ability to adapt to and manage change	✓ Contractor/Instructor Assessment	
Demonstrates improved self-esteem and optimism	✓ Client Form (Exit)	
Develops a budget	✓ Client Form (Exit) ✓ Household/Personal Budget	
Demonstrates knowledge of credit and debt management	✓ Client Form (Survey)	
Demonstrates knowledge of resources within the community to access legal counseling and information	✓ Client Form (Survey)	
Applies knowledge of community resources and support systems	✓ Action/Personal Plan	
Demonstrates knowledge of education and training opportunities, sponsored at the Federal, state, and local levels.	✓ Client Form (Survey) ✓ BESI	

DHP GOALS AND STUDENT LEARNING OUTCOMES

- 1) **Job Readiness and Employability** - *Measurable participant changes contributing to increased job readiness and employability, as a result of program involvement:*
 - a) **Identification and application of personal assets and strengths to be job ready**
 - Identifies and uses transferable skills
 - Identifies and uses personal strengths and attributes
 - b) **Identification and management of barriers**
 - Identifies barriers to employment
 - Develops strategies to manage barriers
 - c) **Address current personal and family needs and issues impacting employability**
 - Demonstrates skills to balance work and family
 - Demonstrates ability to adapt to and manage change
 - Demonstrates self-management skills
 - Demonstrates knowledge of resources within the community to access health care
 - Demonstrates knowledge of resources within the community to access Legal counseling and information
 - d) **Improved essential workplace skills**
 - Demonstrates awareness of workplace expectations and skills for a diverse work environment
 - Applies effective communication and interpersonal skills
 - Demonstrates conflict resolution skills
 - Demonstrates improved self-esteem and optimism
 - e) **Increased awareness of employment and training resources and opportunities**
 - Demonstrates knowledge of current employment trends
 - Demonstrates knowledge of non-traditional career opportunities
 - Demonstrates knowledge of education and training opportunities, including apprenticeship opportunities
 - Applies knowledge of community resources and support systems
 - Demonstrates improved awareness of vocational careers, including the importance of using math and technology skills in today's work environment
 - f) **Demonstration of effective job search strategies**
 - Actively participates in a practice interview
 - Completes a resume and sample job applications
 - Creates an employment portfolio
 - Demonstrates knowledge of appropriate work attire and work image
 - Demonstrates knowledge of resources within the community to acquire a working wardrobe

g) Development and implementation of a plan for progress towards self-sufficiency

Outcomes

- Develops a personal plan, outlining steps for achieving employment and educational goals
- Develops an action plan, outlining steps for continual personal progress
- Develops an expense budget
- Knowledge of credit and debt management

GOAL

2) Increased Employment or Education Status - *Measurable indicators of increased employment or educational status:*

Outcomes

- Entry into full- or part-time employment in a field with potential to earn a living (family) wage
- Increased earnings in current position
- Entry into vocational or academic program that enhances employment opportunities in a field paying a living (family) wage

Chapter IV – Intake Form

General Guidelines

The Intake Form includes client demographic information and client survey questions. The information collected on Intake Forms will be used to determine whether individuals are eligible as displaced homemakers, or in situations similar to eligible displaced homemakers' situations. All information is collected through self-disclosure and reporting by the client, and verified by the clients' signature at the bottom of the form.

Included in this chapter are instructions for completing Intake Forms and abbreviated questions raised by DHP Contractors, followed by HECB staff answers. Please note the following:

- Intake Forms are two sided on salmon colored paper.
- An Intake Form must be completed for every client who participates in a HECB funded class.
- Submit Intake Forms to the HECB for all participants who enroll and attend at least one class. Do not submit Intake Forms for clients who did not attend at least one class.
- The number of forms submitted to the HECB should be the same as the number of individuals reported as “enrolled” on the quarterly report.
- Upon request, Intake Forms are available in Spanish.

Instructions for Completing the Intake Form

The following instructions should be used to verify that displaced homemakers have completed the Intake Form correctly. In addition, these instructions should be referenced when guiding displaced homemakers through the intake process, and determining eligibility. All information on the Intake Form is collected through self-disclosure and reporting by the client, and verified by the client's signature at the bottom of the form.

HEADING	Definition/Description
Class Start Date	The date reflecting the first day of IS class.
DHP Quarter	The DHP quarter the client enrolled in IS (i.e. July 15, 2003 is in quarter 1).
Client #	The client's unique identifying number.
Social Security Number	The Social Security Number of the client. This is a required element and will be used for research purposes only.

II. GENERAL INFORMATION

Gender	The client should check the appropriate box.
--------	--

Birth Date	The birth date of the client (used to calculate age.) If the client only discloses the year, make the date 01-01 of that year.
Highest Level Of Education	<p>The client should check the appropriate box. (Do not include the enrollment in the Displaced Homemaker Program as “Some Post High School.”)</p> <ul style="list-style-type: none"> – Less than 9th grade – K-8 – Some High School – 9th grade plus but no diploma or GED – GED – Received GED – High School Diploma – Received High School Diploma – Some Post High School – Attended post secondary institution, but received no degree or certificate – Certificate –A document issued to a person completing a course of study not leading to a degree. A document certifying that a person may officially practice in certain professions. – Associate’s Degree – Self explanatory – Bachelor’s Degree – Self explanatory – Master’s Degree – Self explanatory – Doctoral Degree – Self explanatory – Other – If none of the above applies, write the highest level of education in the space provided.
County Of Residence	The county the client resides in at time of intake.
Hispanic Origin	The client checks the appropriate box. This question should be considered separately from the race question.
Race	The client checks the appropriate box. This question should be considered separately from the Hispanic question.
Marital Status	The correct marital status of the client at the time of intake – (<i>not considered in determining eligibility.</i>)
Separated	Clients disclose that they are separated from their spouse. Does not necessarily have to be a legal separation.
Divorced	Clients disclose that they are legally divorced from their spouse.
Widowed	Clients disclose that they are a widow/widower.
Married	Clients disclose that they are legally married.
Never Married	Clients disclose that they have never been married.

Reliable Transportation	Reliable transportation means a client having the ability to get to class or a job without depending on others. (i.e. riding the bus, riding a bike, walking, or access to a working car and money for gas.)
Homeless	Clients disclose that they are homeless.
How Did You Hear	How did you hear refers to the source (agency, person, advertisement) that lead the client to the DHP.

II. DHP SERVICES

DHP Services	Clients check all the services they hope to receive as a participant in the Displaced Homemaker Program.
---------------------	--

III. FINANCIAL INFORMATION - The amount of money received by the displaced homemaker only. This does NOT include money received by another family member.

Net Income	Clients disclose the net (take home pay) income they receive from all jobs where an employer employs them.
Self Employment	Clients disclose the net income they receive from self-employment.
TANF	The monthly grant (Temporary Assistance for Needy Families) received through the Washington State welfare system. This financial assistance does not include food stamps.
Food Stamps	The monthly value of food stamps received.
Child Support	Child support received as part of a legal action, divorce or separation, or determined through the Washington State Child Support Registry.
Spousal Support/Alimony	Support received as part of a legal action, divorce or separation. This does not include child support.
Social Security/Pension	Retirement income, or social security benefits earned due to reaching age 65, or social security survivor benefits.
Disability Benefit	State or Federal disability payment through SSI or the Military.
Unemployment Benefits	Unemployment benefits from a previous job.
GAU	The monthly grant received through the Washington GAU (General Assistance Unemployable) program.
Other	Other financial assistance means non-ordered spousal support payments or sporadic financial assistance/income from other sources.

IV. EMPLOYMENT INFORMATION – for current employment only

Employment Status	Clients should check one box that best describes whether they are currently employed, self employed, etc. This should match the income information reported in Section III.
Hours Per Week	The average number of hours the client currently works each week for an employer. Hours worked should reflect the combined hours worked for all employers. Self-employment hours should be recorded separately.
Primary Job Status	<p>The client should identify the one job that is primary, and select the employment category that best describes their status.</p> <ul style="list-style-type: none">– Permanent is a job that is on going with no anticipated end-date.– Temporary is a job that has a specific end-date, with no assurance of continued employment.– Seasonal is a job that lasts through a particular season (i.e. Christmas, Harvest, etc.)
Benefits	Clients disclose that because of their employment, they receive some type of benefit (i.e. retirement, dental insurance, etc.)
Type Of Work	Clients disclose the type of work they perform at their primary job only. Type of work is specific to the industry and the job performed.

V. ELIGIBILITY INFORMATION

Years As A Homemaker	<p>Clients disclose the number of years they have been a homemaker. Ten years or more is the eligibility cutoff.</p> <ul style="list-style-type: none">– Years as a homemaker do not have to be consecutive– Being a homemaker means that their primary job was to care for the family– The individual must not have been gainfully employed during the time counted as a homemaker
Family Size	<p>Family size should be calculated by answering the questions below:</p> <ul style="list-style-type: none">– How many children under age 18 (or still in high school), and related to you or your spouse or partner by birth, marriage, or adoption are <u>dependent on you</u> and living in your home?– How many disabled or elderly individuals related to you or your spouse or partner, by birth marriage, or adoption are <u>dependent on you</u> and living in your home– Does your spouse, who is no longer able to support your family, live in your home?– Does your partner, who is no longer able to support your family, live in your home?– Does your spouse/partner, who supports you, live in your home? (This will most likely result in a client being ineligible, but the spouse/partner should still be counted in the family size.)

Other persons living in the home, who do not fall into these categories, are not to be included in family size. The number of family members in each category should be added together to calculate family size. Within the definition of family size, DHP administrators should use professional judgment for individual client situations.

Source of Support	By checking one or more boxes in this section, clients identify their current status in terms of being in transition.
Loss of Family Support	Clients should check this box if they are in transition and/or displaced because they were supported by a family member (as defined above) and have lost that support. In the space provided describe why the support was lost (i.e. spouse/partner disabled, death of spouse, divorce, spouse laid-off, etc.)
Dependent on Federal Assistance	Clients should check this box if they are in transition and/or displaced because they were on federal assistance, and have lost that assistance (i.e. lost benefits through SSI, etc.)
Youngest Child 16 – 18	Clients should check this box if they are receiving child support or public assistance, for a child who is 16–18 years of age.
Currently Supported	Clients should check this box if they have not lost the income of a family member. Anyone who checks this box does not meet the displaced homemaker eligibility criteria. However, they may participate in IS if they are in circumstances similar to eligible displaced homemakers' circumstances, and if space is available.
Client Intake Survey	The Client Intake Survey is used as a pre- and post-test to monitor what each client learned during Instructional Services.
Date Form Completed	The date the form is completed.
Client #	The client's unique number assigned at time of intake. This should be the same number as recorded on the Intake Form.
Competency Statements	Clients should check the appropriate box, indicating whether they <u>know</u> "Nothing," "A Little," or "A Lot" about each statement.
Signatures	IS participants sign the Exit Form to verify that all information disclosed on the form is true and accurate, and the IS instructor or staff member signs and dates the Exit Form to verify the form has been reviewed and is complete.

ELIGIBILITY DETERMINATION

Evaluate the completed form and follow the eligibility steps listed below to determine clients' eligibility status.

Eligibility Step 1 – Number of Years as a Homemaker

The number of years as a homemaker will partially determine eligibility. If a client has been a homemaker **for ten years or more, they may be eligible.** **The following steps must be considered before determining eligibility.**

If a client has been a homemaker for **less than 10 years they are not eligible.** The entire form must still be completed, but no further determination of eligibility need take place. They may participate if they are in circumstances similar to eligible displaced homemakers' circumstances, and if space is available.

Eligibility Step 2 – Determining Gainful Employment

1. Calculate the family size according to the instructions on the form
2. Consider the monthly salary for clients who are employed
3. Compare the client's monthly salary to the Washington State Need Standard, based on family size. (*Family size should be substituted for assistance unit as shown on the Washington state need standard chart.*)

If a client's monthly salary is below the cutoff limit for her or his family size (as outlined in the Washington state need standard chart), **she or he may be eligible. Final determination of eligibility will occur in Step 3.**

If a client's monthly salary is at or above the cutoff limit for her or his family size (as outlined in the Washington state need standard chart), **she or he is ineligible, and may participate if in similar circumstances as eligible displaced homemakers, and if space is available.**

Step 3– Eligibility Determination

The following must be true for a client to be eligible:

Step 1 = 10 Years Or More

Step 2 = Not Gainfully Employed

AND

The Client Checked at Least One of the Following Boxes:

- I Was Supported By The Income Of A Family Member And I Am No Longer Supported By That Income.
- I Was Dependent On Federal Assistance And I Have Lost That Assistance.
- I Am Receiving Public Assistance Or Child Support And My Youngest Child Is Between 16 And 18 Years Of Age.

If all of the above are true, the client is eligible. If all of the above are not true, the client is considered **ineligible and may participate if they are in circumstances similar to eligible displaced homemakers' circumstances and space is available.** Staff should check the appropriate box for eligible or ineligible clients.

Intake Form Q & A
Abbreviated Questions Raised by DHP Contractors,
Followed by HECB Staff Answers

I. Formatting

Question

Can you please use a bigger font? The font size you have selected is difficult to read.

Yes – we can make the entire form in 11 font to ensure better readability.

Question

Would you please add a space at the top of the first page for displaced homemakers to print their names?

A space has been provided on the last page of the Intake Form, for the participant and staff member to print their names.

II. General Information

Question

What about situations where displaced homemakers are in domestic violence protection programs and are reluctant to give us their social security numbers?

Contractors will be required to encourage displaced homemakers to disclose their social security numbers for purpose of research and follow up. If individuals will not disclose their social security numbers, or if they do not have one, the contractor is to leave the social security number space blank on the form. The frequency of social security numbers missing from Intake Forms may be considered a compliance issue.

Question

Does the “DHP Quarter” reference refer to the date the displaced homemaker begins class?

It is the Quarter associated with the date of Intake. Please refer to the instructions included in the original email for an example.

Question

In the General Information section, why have married and spouse disabled been dropped?

These categories are specifically captured in other sections of the Intake Form.

Question

Why is “Hispanic” listed as an origin separate from race? Also, “Race” sounds negative. Can a different term be used?

Hispanic is not a race.

We have stated the race/questions in accordance with federal guidelines.

III. Financial Information

Question

Should the Financial Information section be referred to as "Other Household Income" since the employment information is collected in the first section? Are we required to record the value of food stamps received?

Income generally refers to money earned through employment. It is important when determining gainful employment to separate earned income from other financial assistance received. Yes, the value of food stamps received should be recorded.

Question

We have displaced homemakers who are widowed and receiving Social Security Survivor benefits. This income is based on their husband's social security, not their own. Would these benefits be categorized into the "other" category?

This benefit is the displaced homemakers, as a survivor. This would fall in the SSI category.

Question

We have displaced homemakers who are separated and have no legal maintenance/alimony agreements, but are sporadically receiving money from their spouses, until the divorce becomes final. Does this go into the "other" category?

Yes, as with other financial assistance that is not consistent.

Question

On the GAU line, what's the reasoning to restate GAU as "General Assistance – unemployable?" While it may be true, I'm concerned about the message sent to the client.

Because clients know if they are receiving GAU the full title has been removed from the form.

IV. Eligibility Information

Question

In the Eligibility Information section, [type of transition] why do you ask clients to check only one box? Many/most clients are able to check at least two boxes and if on TANF, three. I understand that they only need to check one box to be eligible, but I think the information is valuable and we should let them check all the boxes that apply.

This section has been changed to say, "check all that apply."

Question

According to the form, if a woman lives with her boyfriend/girlfriend, and that person's child, they are a family of three. In addition, if a person lives with their partner or spouse in the basement of the elderly mother's home, that would also be a family of three. Is this correct?

In the first example, if the displaced homemaker was dependent on the partner, and his child lived in the home, they would be considered a family of three. In the second example, because the elderly mother owns her own home and appears not to be dependent on the displaced or her

partner, the elderly mother is not included in the family. The form has been adjusted to reflect this.

Question

To calculate the family size, couldn't you reduce that to 3 statements?

- a) How many children under the age 18, disabled, or elderly individuals related to you or your spouse/partner, by birth, marriage, or adoption are living with you,
- b) Does your spouse/partner who is no longer able to support your family, live in your home,
- c) Count yourself

Yes, your observation is correct. However we ask about children and elderly/disabled separately so we can collect demographic data. Also, the needs of someone with children are different than someone who is caring for a disabled adult. This information may be important to the instructor.

Question

Are children 18 years of age included in calculating family size?

Children under age 18, or still in high school, are included in calculating family size.

Question

I understand the intent to first establish eligibility before collecting the general information and to address ambiguities that arise. I'm concerned that the form has become more clinical and less user-friendly. The impression given is that the intent of the process is to exclude rather than include as many people as possible. I also feel that students will be less able to complete this form on their own.

By moving general information and DHP services to the front of the form, we have made it user-friendly.

Question

It is my experience that the most difficult question for clients to answer is the number of years they have been a "homemaker". I think that a series of questions related to the number of years dependent upon another source of funds at home versus the years worked full or part-time is still critical for the client to understand that aspect of the criteria. I'd still like to see this type of questioning included in the form.

You are correct. Arriving at the correct number of years as a homemaker is difficult. Most contractors report that they help clients make this determination through conversation or by using local forms.

Question

Does a spouse's temporary loss of income due to a lay-off carry as much weight as the more traditional reasons for loss of support?

We don't prioritize loss of income.

Question

In the third box in the eligibility section, if a child in high school over 18 still resides in the home can they be included in the family size?

Family size on the form has been changed to include children who may be 18 years or older, but still in high school.

Question

On the Intake survey what does it mean, "Accessing my personal legal documents"? For example, are you asking if they know how to access their divorce papers? Please clarify.

Yes, we mean knowing how to get a copy of legal documents such as birth certificates, divorce papers, living wills, etc.



Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)
2003-2005 Instructional Services INTAKE FORM

Class Start Date: __/__/__
DHP Quarter Student Enrolled: __ (1-8)

Contractor: «ContractorNameNumber»

Client # «ClientNumber» __ __ __
SS#: __ __ __ - __ __ - __ __ __ __

*Note: Your social security number is confidential and, under the Family Educational Rights & Privacy Act will be protected from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for purposes of assessment or accountability research.

I. General Information

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Highest level of education you have completed: <input type="checkbox"/> Less than 9 th grade <input type="checkbox"/> Some high school <input type="checkbox"/> GED <input type="checkbox"/> High School diploma <input type="checkbox"/> Some post high school <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other: _____	What is your county of residence: (ie: Mason, Thurston)												
Birth date: ____/____/____														
Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	What do you consider your race to be? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, etc.) <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Some Other Race: _____	Marital Status (check only one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married												
Do you have reliable transportation? (car, bus, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No													
How did you hear about this program? (check only one) <table border="0"><tr><td><input type="checkbox"/> Television</td><td><input type="checkbox"/> Former DHP Participant</td><td><input type="checkbox"/> Shelter</td><td><input type="checkbox"/> Social Worker</td></tr><tr><td><input type="checkbox"/> Radio</td><td><input type="checkbox"/> DHP Mailing</td><td><input type="checkbox"/> Lawyer</td><td><input type="checkbox"/> DSHS</td></tr><tr><td><input type="checkbox"/> Friend/Relative</td><td><input type="checkbox"/> College Publication</td><td><input type="checkbox"/> Counselor</td><td><input type="checkbox"/> Other: _____</td></tr></table>			<input type="checkbox"/> Television	<input type="checkbox"/> Former DHP Participant	<input type="checkbox"/> Shelter	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Radio	<input type="checkbox"/> DHP Mailing	<input type="checkbox"/> Lawyer	<input type="checkbox"/> DSHS	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> College Publication	<input type="checkbox"/> Counselor	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Radio	<input type="checkbox"/> DHP Mailing	<input type="checkbox"/> Lawyer	<input type="checkbox"/> DSHS											
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> College Publication	<input type="checkbox"/> Counselor	<input type="checkbox"/> Other: _____											

II. DHP Services

What services are you interested in receiving from the Displaced Homemaker Program?

1. <input type="checkbox"/> Job Counseling	7. <input type="checkbox"/> Peer Support
2. <input type="checkbox"/> Career/ Life Planning	8. <input type="checkbox"/> Self-Esteem Development
3. <input type="checkbox"/> Job Training/ Skill Development	9. <input type="checkbox"/> Educational & Training Placement
4. <input type="checkbox"/> Health Counseling	10. <input type="checkbox"/> Financial Management
5. <input type="checkbox"/> Legal Counseling	11. <input type="checkbox"/> Job Search
6. <input type="checkbox"/> Personal Counseling	12. <input type="checkbox"/> Other (please specify) _____

III. Financial Information

Record the amount of money you receive per month from the following sources:

Net Income from your current employment:	\$
Net Income from your Self Employment:	\$
Temporary Assistance for Needy Families (TANF):	\$
Food Stamps:	\$
Child Support:	\$
Spousal Support/ Alimony:	\$
My own Social Security/ Pension:	\$
My own Disability Benefit (SSI or Military):	\$
My own Unemployment benefits:	\$
GAU:	\$
Other: _____:	\$

IV. Employment Information

<p>Are you currently employed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If employed, are you: (check only one)</p> <p><input type="checkbox"/> Employed by employer(s)</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Employed by an employer and self-employed</p>		<p>Hours per week you are:</p> <p>Employed by employer(s): _____</p> <p>Self-employed: _____</p>	<p>Is your primary job: (check only one)</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Seasonal</p>												
<p>Do you receive any of the following benefits from your primary job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • Health Insurance • Pension/Retirement Plan • Life Insurance • Disability Insurance • Annual/ Sick leave 	<p>What type of work do you perform at your primary job? (check only one)</p> <table border="0"> <tr> <td><input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.)</td> <td><input type="checkbox"/> Production/Assembly</td> </tr> <tr> <td><input type="checkbox"/> Clerical/ Secretarial</td> <td><input type="checkbox"/> Managerial/Administrative</td> </tr> <tr> <td><input type="checkbox"/> Residential Housekeeper</td> <td><input type="checkbox"/> Food Service (fast food, waiter, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Cashier/ Retail Sales</td> <td><input type="checkbox"/> Child Care (day care, preschool, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Education (K-12 teacher's asst., etc.)</td> </tr> <tr> <td><input type="checkbox"/> Transportation (bus driver, etc.)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.)	<input type="checkbox"/> Production/Assembly	<input type="checkbox"/> Clerical/ Secretarial	<input type="checkbox"/> Managerial/Administrative	<input type="checkbox"/> Residential Housekeeper	<input type="checkbox"/> Food Service (fast food, waiter, etc.)	<input type="checkbox"/> Cashier/ Retail Sales	<input type="checkbox"/> Child Care (day care, preschool, etc.)	<input type="checkbox"/> Construction	<input type="checkbox"/> Education (K-12 teacher's asst., etc.)	<input type="checkbox"/> Transportation (bus driver, etc.)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.)	<input type="checkbox"/> Production/Assembly														
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<input type="checkbox"/> Construction	<input type="checkbox"/> Education (K-12 teacher's asst., etc.)														
<input type="checkbox"/> Transportation (bus driver, etc.)	<input type="checkbox"/> Other: _____														

V. Eligibility Information

The DHP defines a homemaker as a person who has worked in the home providing unsalaried household services for family members on a full-time basis.

How many years have you been a Homemaker? _____

To calculate your family size, record your answers to the following questions:

How many children under age 18 (or still in high school), and related to you or your spouse or partner by birth, marriage, or adoption are dependent on you and living in your home?..... —

How many disabled or elderly individuals related to you or your spouse or partner, by birth marriage, or adoption are dependent on you and living in your home?..... —

Does your spouse, who is no longer able to support your family, live in your home? If so, add one:..... —

Does your partner, who is no longer able to support your family, live in your home? If so, add one:..... —

Does your spouse/partner, who supports you, live in your home? If so, add one:..... —

Count yourself:..... 1

Add the numbers to calculate your family size:

Check all that apply:

- ☐ I was supported by the income of a family member and I am no longer supported by that income. Why? _____
- ☐ I was dependent on federal assistance and I have lost that assistance.
- ☐ I am receiving public assistance or child support and my youngest child is between 16 and 18 years of age.
- ☐ I am currently supported by the income of a family member.

RELEASE OF INFORMATION: «ContractorNameNumber» may release to the HECB your name and samples of materials completed in the Displaced Homemaker Program Instructional Services for the purpose of program evaluation and statewide program assessment. Please check here **ONLY** if you do not wish this information to be released. NO ____ I do NOT authorize «ContractorNameNumber» to release my information for the purpose of evaluation and assessment.

Staff use only: ☐ Eligible ☐ Ineligible, but in similar circumstances

Continue to Page 4



Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)

2003-2005 Instructional Services Client Intake Survey

Contractor: «ContractorNameNumber»

Client #: «ClientNumber» _ _ _

How much do you know about the following? Place a mark in the appropriate column to the right to indicate your answer.	Nothing	A Little	A Lot
Community resources and support systems			
How to juggle my family obligations with my employment, education and training needs			
Vocational careers			
The importance of math in the workplace			
Accessing my personal legal documents (i.e. birth certificate, SS card, divorce papers)			
Resources within the community to access free legal counseling and information			
Non-traditional career opportunities			
Current employment trends			
Where to find job search assistance			
Who the major employers are where I reside			
Appropriate questions to ask at a job interview			
Services available at my local WorkSource			
Appropriate work attire and work image			
Resources in the community to acquire a working wardrobe			
Workplace expectations			
Education and training opportunities			
Apprenticeship opportunities			
Resources in the community to access free health care			
Credit and debt management			

I certify that, to the best of my knowledge, all information provided on this Intake Form is complete and accurate.

Participant Signature

Date

Staff Signature

Date

Printed Name

Printed Name

Exhibit B

Washington State Need Standard

WAC 388-478-0015 Need standards for cash assistance. The need standards for cash assistance units are:

(1) For assistance units with obligation to pay shelter costs:

Assistance Unit Size	Need Standard
1	\$ 1,036
2	1,311
3	1,619
4	1,910
5	2,202
6	2,493
7	2,881
8	3,189
9	3,497
10 or more	3,804

(2) For assistance units with shelter provided at no cost:

Assistance Unit Size	Need Standard
1	\$ 511
2	647
3	799
4	943
5	1,086
6	1,230
7	1,422
8	1,574
9	1,725
10 or more	1,877

[Statutory Authority: RCW [74.04.770](#), [74.04.050](#), [74.04.055](#), [74.04.057](#). 03-24-059, § 388-478-0015, filed 12/1/03, effective 1/1/04; 03-23-116, § 388-478-0015, filed 11/18/03, effective 12/19/03. Statutory Authority: RCW [74.08.090](#), [74.04.510](#), and [74.04.770](#). 02-23-029, § 388-478-0015, filed 11/12/02, effective 12/1/02. Statutory Authority: RCW [74.04.050](#), [74.04.055](#), [74.04.057](#), [74.08.090](#), and [74.04.200](#). 01-11-108, § 388-478-0015, filed 5/21/01, effective 7/1/01. Statutory Authority: RCW [74.04.200](#). 99-04-056, § 388-478-0015, filed 1/29/99, effective 3/1/99. Statutory Authority: RCW [74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090](#). 98-16-044, § 388-478-0015, filed 7/31/98, effective 9/1/98.]

Chapter V – Exit Form

General Guidelines

The Exit Form is used to evaluate the effectiveness of the Instructional Services (IS) class for each client, and to confirm the number of IS graduates.

- Exit Forms are copied two-sided, on goldenrod colored paper.
- Every client completing an Exit Form must have an Intake Form on file.
- Exit Forms must be completed for every client who participates in a Board-funded class, regardless of their graduation status.
- Upon request, Exit Forms are available in Spanish.

Instructions for Completing the Exit Form

The following instructions should be used to ensure that displaced homemakers complete the Exit Form correctly. All information on the Exit Form is collected through self-disclosure and reporting by the client, and verified by the clients' signature at the bottom of the form.

FOR STAFF USE ONLY

Client #	The client's unique identifying number.
Hours Completed	The number of hours the client attended IS, including the number of hours for individual advising and support group activities directly associated with instructional services.
Total Possible Hours	The total number of hours available through instructional services.
IS Graduation	If the client graduates from IS, (based on the IS completion criteria in your organization's Application for Funding,) mark YES.
Graduation Date	If the client graduates, enter the date of graduation.
Did not Graduate	If the client did not fulfill the IS completion criteria, mark No.
Date of Last IS Attendance	If the client did not graduate, the last date of IS attendance should be noted.
Reason for Not Graduating	If the client did not graduate, select one reason (1 – 8). If you select 8, "other", please specify the reason.

PROGRAM SERVICES

Check All that Apply

Clients should check each of the statements they believe to be true for them. If they participated in an activity listed, received a service listed, or achieved an outcome listed, they should check the appropriate box.

For Programs of Service and Mini Programs, all of the statements may not apply. All statements are included on the form for those contractors who may be providing more services than required under the HECB DHP contract.

OTHER COMMENTS

Statements of Satisfaction

For each of the three statements, clients should select the answer that best reflects their level of satisfaction (true, somewhat true, false.)

First Step of Action Plan

Clients should write one or two sentences that describe what initial steps they are going to take following IS graduation, to implement their personal action plan.

Program Feedback

Clients who wish to provide feedback about their personal experience in the DHP can do so in the space provided.

CLIENT EXIT SURVEY

Client #

The unduplicated number assigned to the client. This should be the same number as recorded on the Exit Form.

Competency Statements

Clients should put a check mark in the appropriate column, indicating whether they know “Nothing,” “A Little,” or “A Lot” about each statement.

Signatures

The IS participant signs the Exit Form to verify that all information disclosed on the form is true and accurate, and the IS instructor or staff member signs and dates the Exit Form to verify the form has been reviewed and is complete.



Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)
2003-2005 Instructional Services EXIT FORM

Contractor: «ContractorNameNumber»

For Staff Use Only

Client # : «Con»_ _ _

Hours completed: _____ Total possible hours: _____

Did the participant graduate? ☐ **Yes** (Graduation Date: __/__/__)

☐ **No** (Date of Last Attendance: __/__/__)

If NO, check the reason that most applies:

1. ☐ Found Employment 2. ☐ Starting School 3. ☐ Medical Issues 4. ☐ Child Care 5. ☐ Transportation
6. ☐ Did not return 7. ☐ Did not complete/plans to return to class 8. ☐ Other (specify) _____

«Program» Learning Outcomes

In this class, I: (check all that apply)

- ☐ Improved my self-esteem and optimism
- ☐ Participated in a support group activity outside of class time
- ☐ Identified my barriers to employment
- ☐ Developed strategies to manage my employment barriers
- ☐ Identified my career interests
- ☐ Identified my abilities and skills
- ☐ Drafted or completed a resume
- ☐ Completed a job application (sample or real)
- ☐ Participated in a practice interview
- ☐ Created an employment/education/life portfolio
- ☐ Developed a personal plan, outlining steps for achieving my employment & educational goals
- ☐ Developed an action plan, outlining steps for personal progress in gaining self-sufficiency
- ☐ Developed a household and/or personal budget
- ☐ Learned how to enroll in college (i.e. completed college application (sample or real))
- ☐ Completed/ received a list of scholarships available for furthering my education
- ☐ Completed a FAFSA (Free Application for Federal & Student Aid)
- ☐ Toured a college campus
- ☐ Visited my local WorkSource

Other Comments (For each statement, check only one)

As a result of graduating from the <<program name>> program, I feel more prepared to seek employment.

☐ True ☐ Somewhat True ☐ False

As a result of graduating from the <<program name>> program, I feel more prepared to seek training.

☐ True ☐ Somewhat True ☐ False

Overall, I was very satisfied with the <<program name>> program.

☐ True ☐ Somewhat True ☐ False

1. What is the first step on your action plan to achieve your education/employment goals?

2. Other program feedback:



Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)
2003-2005 Instructional Services Client Exit Survey

Contractor: «ContractorNameNumber»

Client # : «Con» _ _ _

How much do you know about the following? Place a mark in the appropriate column to the right to indicate your answer.	Nothing	A little	A lot
Community resources and support systems			
How to juggle my family obligations with my employment, education and training needs			
Vocational careers			
The importance of math in the workplace			
Accessing my personal legal documents (i.e. birth certificate, SS card, divorce papers)			
Resources within the community to access free legal counseling and information			
Non-traditional career opportunities			
Current employment trends			
Where to find job search assistance			
Who the major employers are where I reside			
Appropriate questions to ask at a job interview			
Services available at my local WorkSource			
Appropriate work attire and work image			
Resources in the community to acquire a working wardrobe			
Workplace expectations			
Education and training opportunities			
Apprenticeship opportunities			
Resources in the community to access free health care			
Credit and debt management			

I certify that, to the best of my knowledge, all information provided on this Exit Form is complete and accurate.

Participant Signature

Date

Staff Signature

Date

Printed Name

Printed Name

Chapter VI – Follow up Form

General Guidelines

The Follow Up Form is used to collect updated demographic data on IS graduates. Follow up Forms are required for graduates who did not provide their social security number, and/or for graduates who were not identified as employed or enrolled in training through matches with data from Employment Security and State Board for Community and Technical Colleges.

- Follow up Forms are copied two sided on blue paper.
- Upon request, Follow up Forms are available in Spanish.

Instructions for Completing the Follow up Form

Every six months, HECB staff will submit to DHP contractors the client numbers for all IS graduates who could not be located through employment and education data matches.

DHP contractors will be required to attempt to locate IS graduates on the HECB list, and ask them to complete a follow up form, according to the following instructions:

<i>HEADING</i>	<i>Definition/Description</i>
Date Form Completed	The date that reflects the first day of class.
Client #	The client's unique identifying number.
Current Employment	Graduates disclose that they are currently employed and select "yes." If graduates disclose that they are currently not employed, they select "no."
Current Education/Training	Graduates disclose that they are currently enrolled in an education or training program and mark the box next to "yes." If graduates disclose that they are currently not enrolled in an education or training program they mark the box next to "no."
Education Information	Graduates disclose their current highest level of education.
Location of Education/Training	Graduates identify the organization they are currently receiving training from, or identify the institution they are currently enrolled in.
Length of Education/Training	Graduates identify the length of their education/training program.

Employment Status	Graduates check one box that best describes whether they are currently employed, self employed, etc.
Length at Primary Job	Graduates check the box that reflects their length of employment. <i>Because 6 months is a standard probation period, clients will not be considered gainfully employed if they have been at their current job less than 6 months.</i>
Hours Per Week	The average number of hours the graduate currently works each week for an employer. Hours worked should reflect the combined hours worked for all employers. Self-employment hours should be recorded separately.
Monthly Salary	Graduates disclose their monthly salary/income from their current employment.
Primary Job Status	The graduate identifies the one job that is primary, and select the employment category that best describes their status. <ul style="list-style-type: none"> – Permanent is a job that is on going with no anticipated end-date. – Temporary is a job that has a specific end-date, with no assurance of continued employment. – Seasonal is a job that lasts through a particular season (i.e. Christmas, Harvest, etc.)
Benefits	Graduates disclose that because of their employment, they receive some type of benefit (i.e. retirement, dental insurance, etc.).
Type Of Work	Graduates disclose the type of work they perform at their primary job only. Type of work is specific to the industry and the job performed.
DHP Preparation	Graduates disclose that their participation in the IS class somehow prepared them for employment, or otherwise helped them get a job.

FINANCIAL INFORMATION - The amount of money received by the graduate only. This does NOT include money received by another family member.

Net Income	Graduates disclose the net (take home pay) income they receive, from all jobs where an employer employs them.
Self Employment	Graduates disclose the net income they receive from self-employment.
TANF	The monthly grant (Temporary Assistance for Needy Families) received through the Washington State welfare system. This financial assistance does not include food stamps.
Food Stamps	The monthly value of food stamps received.

FINANCIAL INFORMATION - continued

Child Support	Child support received as part of a legal action, divorce or separation, or determined through the Washington State Child Support Registry.
Spousal Support/Alimony	Support received as part of a legal action, divorce or separation. This does not include child support.
Social Security/Pension	Retirement income, or social security benefits earned due to reaching age 65, or social security survivor benefits.
Disability Benefit	State or Federal disability payment through SSI or the Military.
Unemployment Benefits	Unemployment benefits from a previous job.
GAU	The monthly grant received through the Washington GAU (General Assistance Unemployable) program.
Other	Other financial assistance means non-ordered spousal support payments or sporadic financial assistance/income from other sources.
Signatures	Graduates sign the Follow up Form to verify that all information disclosed on the form is true and accurate, and the IS instructor or staff member signs and dates the Form to verify the form has been reviewed and is complete.



Date Form Completed: ____/____/____

Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)

2003-2005 INSTRUCTIONAL SERVICES FOLLOW-UP FORM

Contractor: <<ContractorName>>

Client #: X X ____

Are you currently employed? ☐ Yes ☐ NoAre you currently enrolled in an education or training program? ☐ Yes ☐ No**Education Information****Highest level of education you have completed:**

- | | |
|--|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> High School diploma | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Some post high school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Certificate | |

If you are currently enrolled in training or education, please answer the following questions:

Where are you getting your training or education?

- | | |
|--|---|
| <input type="checkbox"/> Community College | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Business School |
| <input type="checkbox"/> Four-Year College | <input type="checkbox"/> Other (name of program): _____ |

How long will the training or education last?

- | | |
|---|--|
| <input type="checkbox"/> 6 months or less | <input type="checkbox"/> 19-24 months |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> more than 2 years |
| <input type="checkbox"/> 13-18 months | |

Employment Information

Are you: (check only one)

- ☐ Employed by employer(s)
☐ Self-employed
☐ Employed by an employer *and* self-employed
☐ Not working at this time

How long have you been at **your primary** job?

- ☐ Less than 6 months ☐ 6 months or more

Hours per week you are:

Employed by employer(s): _____

Self-employed: _____

What is your monthly salary?

From an employer: \$ _____

From self-employment: \$ _____

Is your **primary** job:
(check only one)

- ☐ Permanent
☐ Temporary
☐ Seasonal

Do you receive any of the following
benefits from your **primary** job?☐ Yes ☐ No

- Health Insurance
- Pension/Retirement Plan
- Life Insurance
- Disability Insurance
- Annual/ Sick leave

What type of work do you perform at your **primary** job? (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.) | <input type="checkbox"/> Production/Assembly |
| <input type="checkbox"/> Clerical/ Secretarial | <input type="checkbox"/> Managerial/Administrative |
| <input type="checkbox"/> Residential Housekeeper | <input type="checkbox"/> Food Service (fast food, waiter, etc.) |
| <input type="checkbox"/> Cashier/ Retail Sales | <input type="checkbox"/> Child Care (day care, preschool, etc.) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Education (K-12 teacher's asst., etc.) |
| <input type="checkbox"/> Transportation (bus driver, etc.) | <input type="checkbox"/> Other: _____ |

If you are employed, did your participation in the DHP somehow prepare you to find/ apply for/ get this job?

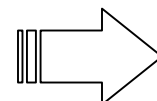
☐ Yes ☐ No*Please complete other side*

Exhibit D

Date Form Completed: ____/____/____

Financial InformationRecord the amount of money you receive per month from the following sources:

Net Income from your current employment:	\$
Net Income from your Self Employment:	\$
Temporary Assistance for Needy Families (TANF):	\$
Food Stamps:	\$
Child Support:	\$
Spousal Support/ Alimony:	\$
My own Social Security/ Pension:	\$
My own Disability Benefit (SSI or Military):	\$
My own Unemployment benefits:	\$
GAU:	\$
Other: _____:	\$

I certify that, to the best of my knowledge, all information provided on this Follow-up Form is complete and accurate.

Participant Signature_____
Staff Signature_____
Date**SAMPLE**

Chapter VII - Barriers to Employment Success Inventory (BESI) Administrator's Guide

The Barriers to Employment Success Inventory (BESI) is a required element of the Displaced Homemaker Program (DHP) Instructional Services (IS). The Higher Education Coordinating Board (HECB) staff has developed this Administrator's Guide to ensure standardized administration of the BESI, which will allow the HECB to analyze BESI results on a statewide basis.

What is the BESI?

The BESI is a counseling and life-planning tool that is designed to help participants identify barriers that may be preventing them from getting a good job or advancing in their current job. IS instructors will help clients develop ways in which to overcome those barriers identified through the BESI five step process.

Why use the BESI in the DHP?

The purpose of the Displaced Homemaker Program is to help individuals move from dependence to self-sufficiency. Displaced homemakers all have at least some barriers that need to be addressed. The BESI is an easy-to-use tool that can help them identify their barriers and develop real solutions for overcoming them.

The BESI can be used as a tool for IS Instructors. The pre-test will identify clients predominant barriers in each IS class, allowing instructors to adjust the curriculum to focus on the predominate barriers.

BESI results will be compiled at the state level, and used to illustrate how the DHP helps displaced homemakers identify their barriers and identify ways in which to overcome them.

Instructors Guidelines for Administering the BESI

To ensure consistent statewide data, these guidelines should be used in administering the BESI. General instructions for completing the BESI are included in the BESI itself.

General Guidelines

- The BESI should be administered in every IS class, as a pre- and post-test.
- Special consideration should be given to displaced homemakers with low reading skills. The BESI should be read out loud to clients with low reading skills.
- IS Instructors should read the instructions out loud, and review the examples provided in Step 1. In addition, they should discuss the definition of “concern” before the BESI is administered.

Introducing the BESI

The BESI should be introduced to displaced homemakers as a tool to help them identify barriers, and develop solutions to overcome those barriers. In addition, instructors may explain that all individuals who participate in a state-funded DHP IS class complete the BESI, making it possible for the HECB to present statewide data to stakeholders and the legislature.

Definition of Concern

The BESI instructs individuals to “circle the number to the right that best describes how much of a concern that statement is to you.” For all 50 statements, individuals should indicate that a statement is of “None”, “Little”, “Some”, or “Great” concern to them. For purposes of using the BESI within the DHP, “concern” is defined as *the impact something has on an individual’s life, right now.*

For example, question 34 reads “Establishing a support system while I search for a job.” While I know this is important, if I have an existing support system, this is not a concern to me right now. In other words, marking 1 for none does not imply that I don’t care about having a support system. It means that I am not concerned about that right now.

It will be important to work through a few examples before having participants complete the BESI, or the term “concern” can have different meanings, and may skew BESI results.

Pre-Test

The BESI pre-test should be administered as early as possible in each IS class. Instructors may select either of these effective methods for administering the pre-test:

- Complete as a group activity in class, during the first week of class. This option allows IS participants to ask questions during class, and results can be discussed openly.
- Give to the clients at time of intake, or as a homework assignment. This option is helpful for programs with limited IS hours. If this method is selected class time should be set aside to openly discuss the results.

Sections to Complete

On the Pre-test, Steps 1-3 must be completed. Participants are welcome to complete Steps 4-5 of the pre-test if they choose, but these steps may be more effective if completed during the post-test.

Results

Results can be used as a counseling tool, and/or as a tool for group discussion. Instructors should stress that high scores are not necessarily better or worse than low scores. High scores indicate the presence of barriers, and each client can focus more attention on those barriers most relevant to them, throughout the IS class.

Post-Test

The BESI post-test should be administered during the last week of IS class.

- The post-test should be administered during class time to ensure that all participants complete the assessment.
- If students are absent on the day of BESI post-test, they can complete the BESI as a homework assignment and bring it back to the instructor.

The profile in Step 3 of the post-test should be compared to the profile on the pre-test. This will help participants evaluate what they learned in class, and which barriers still exist for them.

Sections to Complete

IS instructors should ensure that students complete ALL sections of the BESI post-test. Steps 4 and 5 prompt participants to identify their most troublesome barriers and ways in which they might overcome those barriers. This activity is strongly connected with clients creating an action plan for future training or employment, and a personal progression plan towards self-sufficiency (DHP student learning outcomes.) Steps 4 and 5 of the BESI may be replaced with an existing class activity where clients create an action plan.

Post-Test Discussion

Ask students to discuss what they learned by completing the BESI. Discuss the importance of being aware of your barriers to employment and how those may affect personal and professional success. Clients may show higher levels of barriers on the post-test than on the pre-test, and may need help understanding that their concern may increase as their awareness increases.

Clients who completed the BESI during the Pilot Project reported that having a copy of the BESI to keep and take home was extremely important.

Completing the BESI

Step 1

Before completing the BESI, each client should understand the definition of “concern” as defined in these guidelines. In addition, they should be aware of the four possible responses for each of the 50 statements (i.e. 1 = none, 4 = great.)

Step 2

After responding to statements 1-50, clients should record their responses, starting from the left. (i.e. The number answer to question 1 + question 26 = P1.)

- Step 3** Record the scores into the correct space in step 3 (according to the color and letter code.) Calculate the total score in each category and chart the totals on the graph provided in the Profile.
- Step 4** Total scores from step 3 should be carried over to step 4. The client can check the examples that best relate to them and the barriers that are of greatest concern to them, or write in additional barriers.
- Step 5** The client should write their most troublesome, or major barriers, in the spaces provided in step 5. Step 5 includes recommendations to overcome specific types of barriers. A class discussion facilitated by the instructor will help clients identify other ways to overcome their barriers.

**Participant Information
on the BESI**

Write the following information on the front cover of the BESI:

- **Pre or Post.** We need to know whether this is a pre-test or a post-test.
- **Contractor Name.** The contracting agency's name can be stamped or written.
- **Client Number.** Write the client number in the space provided for "Name." We do not need the client's name.
- **Class Identifier/DHP Quarter.** In place of the date, please write the class identifier, or the DHP quarter in which the student was enrolled in IS.

It is not necessary to add the participant's age or gender on the BESI.

For instructions on maintaining BESI files and submitting BESI scores to the HECB, see BESI Reporting Guidelines.

BESI Reporting Guidelines

Clients' BESI pre-and post-test scores must be reported to the HECB. These scores can be reported by:

1) Submitting a copy of the BESI part 3 with the following information written at the top of the photocopy:

- Contractor Name
- Client Number
- Pre-Test or Post-Test, or

2) Using the BESI Results Database, as described below.

Accessing The Database

1. The database is available for download on the HECB Secure Website, at:
<https://fortress.wa.gov/hecb/secure/login.asp>
2. To access the HECB Secure Website and download the BESI Database refer to the instruction in Chapter X, HECB Secure Website.
3. Once you have saved the database on your computer, you can access it from your computer to enter data and run reports.

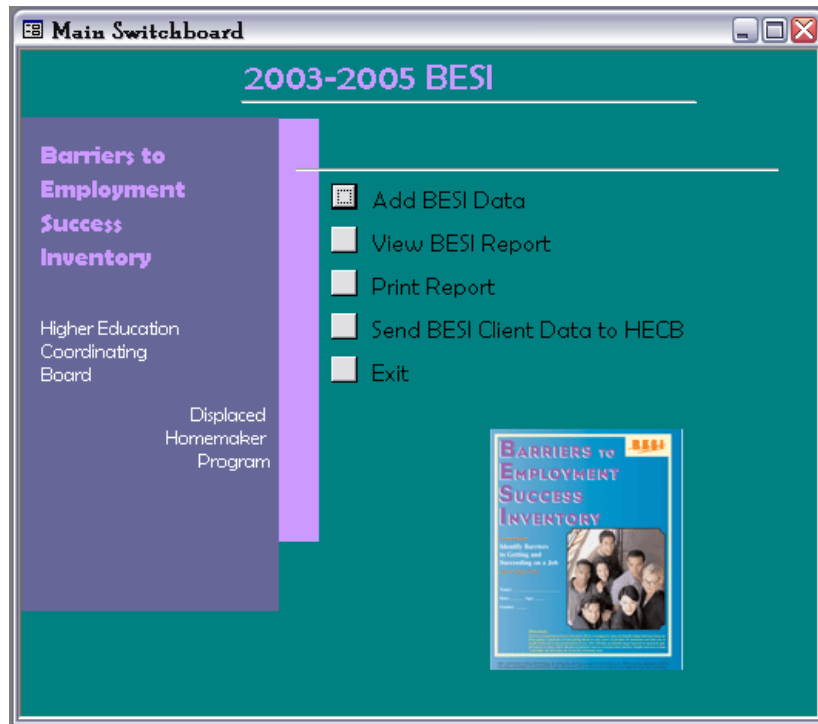
Required Data

Required data should be taken from the front page of the BESI and from Step 3. The required data includes:

- **Batch Number** - The batch number will be used to identify each group (class) of BESI scores submitted to the HECB. For example, when entering the BESI scores for the first class of the year, start with batch number 1. When entering and submitting the next batch of BESI scores, whether for another class or the post-test scores, select the next sequential batch number.
- **Contractor Name** - Your organization's name.
- **Client Number** - This number should be the same as the unique Client Number assigned to the client during intake.
- **Class ID** – Entering a Class ID is optional, but will allow reports to sort BESI scores by class. You may name your classes however you like. You could enter quarter and year, class number, or other information used to identify an individual class (for example: Quarter 6, 2002 Olympia class).
- **Pre-test or Post-test** - Identifies the correct test being entered. The database will only accept one pre-test and one post-test for each Client Number.
- **Barrier Scores** - Subtotals from each of the five categories (i.e. P1, P2, P3, etc...) should be entered.

Entering Data

1. Open the database “**BESI 2003-2005**” in Microsoft Access. You will see the 2003-2005 BESI Main Switchboard.



2. To begin adding BESI scores, click on the “Add BESI Data” button. The BESI Data Entry Form will appear.
3. Begin entering data. Some of the fields (Contractor Name and Pre-Test or Post-Test) have pull-down menus that allow you to select the appropriate data. If the fields do not have a pull-down menu, start typing in the name and the appropriate data will automatically appear.
4. To move between fields after entering data hit “Enter” or “Tab”.
5. Enter the subtotals from Step 3 of the BESI. The database will automatically calculate the total for you.

Select your organization's name

Choose the correct test being entered. The system will only accept one pre-test and one post-test per client

Should be the same as the unique Client Number assigned to the client during intake

Enter the subtotals from each of the five categories found in Section 3 of the BESI

Batch: Class ID:

Contractor Name: Pre-test or Post-test:

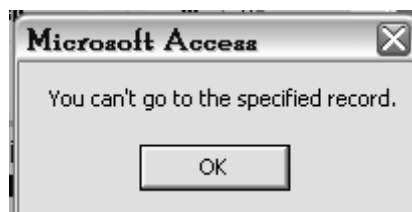
BARRIER	SCORE	BARRIER	SCORE
Personal and Financial Barriers from a lack of money, housing, or other basics	P1: <input type="text"/>	Job-Seeking Knowledge Barriers from a need for improved job-search techniques	J1: <input type="text"/>
	P2: <input type="text"/>		J2: <input type="text"/>
	P3: <input type="text"/>		J3: <input type="text"/>
	P4: <input type="text"/>		J4: <input type="text"/>
	P5: <input type="text"/>		J5: <input type="text"/>
Emotional and Physical Barriers from physical or emotional limits or problems	E1: <input type="text"/>	Training and Education Barriers from a lack of training or education	T1: <input type="text"/>
	E2: <input type="text"/>		T2: <input type="text"/>
	E3: <input type="text"/>		T3: <input type="text"/>
	E4: <input type="text"/>		T4: <input type="text"/>
	E5: <input type="text"/>		T5: <input type="text"/>
Career Decision-Making and Planning Barriers resulting from poor career or life planning or misinformation	C1: <input type="text"/>	<input type="button" value="Add"/> <input type="button" value="Return to Switchboard"/>	
	C2: <input type="text"/>		
	C3: <input type="text"/>		
	C4: <input type="text"/>		
	C5: <input type="text"/>		

Record: 1 of 1

- When you have finished entering data from a client's BESI, double-check the data for accuracy and click the "Add" key. A blank form will appear and you can enter the next client's BESI data.
- When you have finished entering forms click the "Return to Switchboard" button.

Troubleshooting

You will not be able to move to a new form if information is missing from the "Client Number" or "Pre-Test or Post-Test" fields. If you try to exit or submit a form that is missing this information, an error message will be displayed:



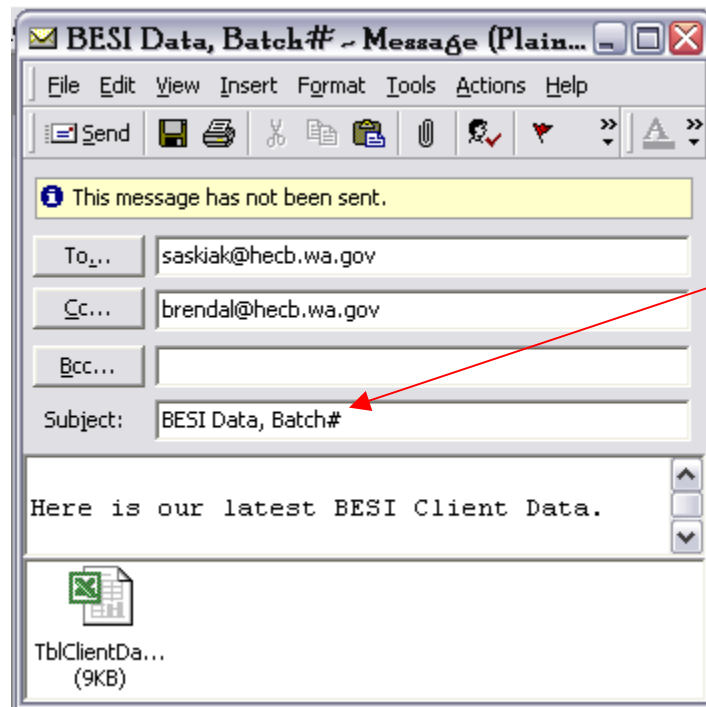
When this occurs click "OK" and enter the missing information.

Submitting Data To The HECB

Once a batch of BESI forms has been entered, you will submit the data to the HECB for inclusion in the statewide database.

To send records to the HECB:

1. Click on the “Send BESI Client Data to HECB” button located on the 2003-2005 BESI Main Switchboard. The database will automatically generate an e-mail with your data attached as an Excel file; and
2. Add the Batch # that you are submitting in the Subject line located in the email. HECB staff will identify new records according to the Batch # submitted, and transfer them for inclusion in the statewide database.




Type appropriate
Batch # here

If you get an error message the first time you try this, it is probably because your default mail server is not set up. Your IT staff should be able to help you with this. If not, please call Brenda or Saskia at the HECB.

Using the Report: BESI Averages and Gains By Barrier Type and Course

The BESI Averages and Gains by Barrier Type and Course report displays your average BESI scores sorted by DHP class and barrier categories indicated on the BESI.

To see a report:

1. Go to the Main Switchboard.
2. Click on “View BESI Report.”
3. Close the report by clicking the  button at the top right hand side of the report window.

To print a report:

1. Click on “Print BESI Report” on the Main Switchboard, or go to “File” then “Print” when the report is open.

If you have any questions about the use of this database or MS Access, please call or e-mail Saskia (360-753-7832) saskiak@hecb.wa.gov or Brenda (360-753-7827) brendal@hecb.wa.gov for technical assistance.

Chapter VIII - Budget Guidelines and Contract Reimbursement

Budget Guidelines	Funds under the HECB DHP contract must be spent within the fiscal year budgeted, and cannot be carried forward. Unspent funds will be returned to the HECB and/or the State General Fund.
Expenditure Limitations	In-direct costs and major equipment purchases are not allowable expenditures under the DHP contract. In addition, contract funds <u>may not</u> be used to provide direct support, such as transportation vouchers, childcare assistance, tuition, etc. to displaced homemakers. Match funds should be secured to provide such assistance to displaced homemakers.
Reallocating Funds	The HECB must approve in writing any adjustments over 10% or any adjustments affecting salaries or benefits. The Contractor may reallocate up to ten (10) percent of budgeted funds between budget categories without modifying the contract/agreement.
Records Retention	Itemized records of all contract expenditures must be retained by the contractor for six years after final contract payment is remitted. The records are subject to program review or audit.
Matching Fund Requirements	<p>At least 30 percent of the total funding for the services provided under the Higher Education Coordinating Board contract must be provided by the sponsoring agency. Matching funds may be provided either in the form of supplemental funds or in the form of in-kind services. All matching funds must be managed separately. Matching funds must be available and committed for the entire period of the contract.</p> <p>In-kind contributions may include: materials, supplies, chargeable services, and salaries and fringe benefit costs for paid employees of the sponsoring organization. The salaries and fringe benefits cost for such employees should be calculated based on the number of hours the employees work directly in supporting the DHP.</p> <p>The dollar value of volunteer services should be calculated by determining the hourly rate for comparable paid positions for which the volunteer is fully qualified, and multiplying the hourly rate times the number of hours of service contributed.</p>

Calculating Match

The following formula should be used to determine the required match amount:

$$[S/.7] - S = M$$

S=State DHP funds requested in the proposed budget

M=Total Match

Example

Step 1: \$70,000 request – Proposed HECB funds

Step 2: Divide \$70,000 by .7 [equals \$100,000]

Step 3: Subtract \$70,000 from \$100,000 [\$30,000]

Step 4: \$30,000 is the minimum required 30 percent match

Reimbursement of Contract Expenditures

The Displaced Homemaker Program contract outlines the following requirements for submitting invoices for reimbursement:

“The Contractor shall submit invoices quarterly together with a detailed statement of the services performed for which the Contractor is seeking compensation. The Contractor shall submit an Invoice Voucher (Form A19) prepared in a manner prescribed by the Board. These vouchers shall include such information as is necessary for the Board to determine the exact nature of all expenditures. Each voucher shall clearly indicate it is for services rendered in performance under agreement/ contract number _____.”

Reimbursement Instructions

The Washington State Invoice Voucher (Form A19-A) must be used to request reimbursement under the DHP contract. Invoice Vouchers must be submitted for reimbursement at least quarterly. Invoice Vouchers should be submitted by mail to Brenda Landers, with original signatures recorded.

Mail Invoice Vouchers to:

Brenda Landers
Displaced Homemaker Program Manager
Higher Education Coordinating Board
P.O. Box 43430
Olympia, WA 98504-3430

Questions about allowable costs or other matters pertaining to expenditures and reimbursements should be directed to Brenda Landers at 360.753.7827 or brendal@hecb.wa.gov.

Instructions for Completing the A-19 Invoice Voucher

The instructions below outline the manner in which the Invoice Voucher (Form A19-A) and detailed statement are to be prepared. An example is included for your reference.

1. **Vendor or Claimant:** Name and address of the contracting organization. Use the address where the payment is to be mailed.
2. **Agency Name:**
Displaced Homemaker Program
Higher Education Coordinating Board
P.O. Box 43430
Olympia, WA 98504-3430
3. **Agency No:** The HECB Agency No. is 3430.
4. **P.R. or Auth. No:** The assigned contract or agreement number for the contracting organization.
5. **Vendor's Certification:** Signature and title of the contractor's authorized signatory.
6. **Date (Signature):** The date the invoice was prepared. (Note: This date may not be prior to the date any expenses on the invoice were incurred.)
7. **Federal Taxpayer Identification:** The contractor's IRS assigned identification number.
8. **Description and Amounts of Expenditures:** Form A19-A should reflect only the budget categories detailed below. *All expenses submitted for reimbursement must have detailed statements and backup documentation, on file at the contracting organization.*
9. **Date (Description):** The inclusive dates for the expenditures for which the reimbursement is requested.

10. Expenditure Details

- a. **Personnel:** The actual amount of salaries and wages paid to staff under the DHP contract. Request for reimbursement should be for that portion of salaries and wages for which the employee was working on the Displaced Homemaker Program. Personnel should include the employer's share of fringe benefits paid on behalf of the employee, including payroll taxes, unemployment compensation, employer insurance plans, retirement, etc.

Detailed Statements and Backup Documentation: Payroll registers for salaried employees and signed time sheets for hourly employees.

- b. Travel:** Costs for DHP contractor staff to attend DHP meetings and to conduct other program business away from assigned workstations. Travel expenses shall be paid in accordance with rates set pursuant to RCW 43.03.050 and RCW 43.03.060 in effect at the time the travel is taken. State travel rates can be found at www.ofm.wa.gov/policy/colormap.pdf. Per-diem lodging limits must be strictly adhered to, unless the DHP Program Manager has approved exception in advance.

Detailed statements and Backup Documentation: Includes travel destination, purpose, and reimbursable expenses.

- c. Facilities:** Actual costs associated with rental fees for classroom space, office space, or space associated with holding outreach workshops.

Detailed statements and Backup Documentation: Documentation of size of space used and calculations used to determine cost.

- d. Supplies/Materials:** Actual costs of office supplies, office management software, photocopies, small equipment, and curriculum materials including student handbooks, videos, and resource library materials. **(Major equipment purchases [\$1,500 or more] are not allowed.** During graduation ceremonies, refreshments (cake, drinks, snacks, etc.) are allowable under the contract. (SAAM Manual Chapter 70.10)
- e. Communications:** Actual costs of telephones, Internet connections and services, postage, and advertising and marketing.
- f. Other:** Costs associated with subcontracts, accounting services, etc. **(MUST be specified on the A19 Invoice Voucher.)**

Detailed statements and Backup Documentation – Items 4 through 6: Documentation of materials purchased, description of purpose and use, invoices, etc. must be maintained.

Form
A 19-1A
(Rev. 5/91)

Vendor / Claimant (Warrant is to be payable to)	
1	Washington Community College 999 West Oak Street Seattle, WA 99901
Agency Name	
2	Higher Education Coordinating Board Displaced Homemaker Program PO Box 43430 Olympia, WA 98504-3430

AGENCY USE ONLY			
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.	
3430		05-1AXX	4

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY 5

(SIGN IN INK)

Fiscal Officer 6 4/5/2004

(TITLE) (DATE)

[illegible]

Chapter IX - Reporting Requirements

Quarterly Reporting

The number of displaced homemakers served through Information and Referral, Support Services, and Instructional Services should be reported using the forms provided by the Board. The Quarterly Report of Numbers Served is designed to track the number of individuals served each quarter, and cumulatively throughout the contract period. Quarterly reports are due by the 10th day of the month, immediately following each quarter.

The Quarterly report will be sent directly to the Board through the HECB Secure Site. Original reports will be kept on file with the contractor.

Narrative Reporting

The narrative report should provide more detailed information about the successes and challenges encountered by DHP contractors while serving displaced homemakers. Narrative reports are due every six months.

Narrative reports do not need to be signed. They can be sent to the HECB by email or regular mail.

Financial Reporting

Contract expenditures and match information should be reported using the forms provided by the Board. Financial reports are designed to track expenditures according to the annual budgets. Financial reports are due by the last day of the month, immediately following each quarter, except for fiscal year end (see 2003-2005 calendar).

Financial reports will be sent directly to the Board through the HECB Secure Site. Original reports will be kept on file with the contractor.

- Financial reports must be submitted quarterly.
- State accounting regulations stipulate that dollars cannot be carried forward or back between fiscal.
- All expenditure and match information for sub-contractors should be reported as part of the total for each category, by the sponsoring organization.
- Match should be reported at the same level as reported in the application.

For additional accounting and reporting requirements, review the following sections of the contract/agreement:

Section 1. - Funding/Period Of Performance
Section 2. – Reimbursement
Section 3. – Travel Reimbursement
Attachment A – Scope of Work
Section 6. – Proper Cost Accounting
Section 7. – Fund Management

Instructions For Completing the Quarterly Report

Quarterly reports include information about the number of individuals served through Information and Referral, Support Services, and Instructional Services. Refer to the DHP Calendar for due dates.

Contractor: The name of the organization submitting the Quarterly Report.

Report Period: The quarter for which the report is being submitted (i.e. quarter 1, quarter 2, etc.)

Section I. Information and Referral: Record the number of incidences of Information and Referral, based on the following categories:

- a. Educational Services
- b. Employment Services
- c. Health Counseling Services
- d. Financial Management
- e. Legal Counseling and Referral
- f. Basic or Immediate Survival Needs

Section II. Support Services: Record the number of instances that individuals received direct support in each of the following categories:

- a. Educational Services
- b. Employment Services
- c. Health Counseling Services
- d. Financial Management
- e. Legal Counseling and Referral
- f. Basic or Immediate Survival Needs

Section III. Intensive Instructional Services:

- **Enrolled** - Report the number of eligible and ineligible clients who participated in DHP Instructional Services classes. This number should equal the number of new Intake Forms submitted for the quarter. To determine who should be counted, refer to the Instructional Services section of this handbook.
- **Graduated** - Report the number of eligible and ineligible clients who graduated from Board funded Instructional Services classes. This number should equal the number of new Exit Forms submitted for the quarter. To determine if a client has graduated, refer to the Instructional Services section of this handbook.

Report Submission: Quarterly Reports should be submitted through the HECB Secure Website. Refer to the HECB Secure Website section of this handbook for specific instructions.

**HIGHER EDUCATION COORDINATING BOARD
DISPLACED HOMEMAKER PROGRAM
2003-2005 Quarterly Report**

Contractor: _____

Report Period: _____

I. INFORMATION AND REFERRAL

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative
<i>Number of requests for information in each category</i>									
Educational Services									0
Employment Services									0
Health Counseling Services									0
Financial Management									0
Legal Counseling and Referral									0
Basic or Immediate Survival Needs									0
TOTAL				0	0	0	0	0	0

II. SUPPORT SERVICES

	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative
<i>Number of Instances direct support and assistance were provided</i>					
Educational Services					0
Employment Services					0
Health Counseling Services					0
Financial Management					0
Legal Counseling and Referral					0
Basic or Immediate Survival Needs					0
TOTAL	0	0	0	0	0

III. INTENSIVE INSTRUCTIONAL SERVICES: **Qtr 1** **Qtr 2** **Qtr 3** **Qtr 4** **Qtr 5** **Qtr 6** **Qtr 7** **Qtr 8** **Cumulative**

Enrolled:

Eligible									0
----------	--	--	--	--	--	--	--	--	---

Ineligible									0
------------	--	--	--	--	--	--	--	--	---

Total	0	0	0	0	0	0	0	0	0
--------------	----------	----------	----------	----------	----------	----------	----------	----------	----------

Graduated:

Eligible									0
----------	--	--	--	--	--	--	--	--	---

Ineligible									0
------------	--	--	--	--	--	--	--	--	---

Total	0	0	0	0	0	0	0	0	0
--------------	----------	----------	----------	----------	----------	----------	----------	----------	----------



Name: _____

Date: _____

Signature: _____

Phone Number: _____

Title: _____

Instructions For Completing the Narrative Report

Narrative reports are due every six months. Refer to the calendar for due dates. The narrative report should provide more detailed information about the successes and challenges encountered by DHP contractors while serving displaced homemakers.

The report should be brief, but concise and informative. Attachments can be included if they add critical additional information.

Each Narrative Report should address the following:

1. I believe that recruitment of eligible displaced homemakers has or has not been successful because...
2. Overall, the biggest challenge faced in the past six months was...
3. Something that was unexpected and happened during the past six months was...
4. The program has changed or evolved in the areas of...
5. The following staff have either joined or left the program...
6. If you served clients who did not meet the state's definition of a displaced homemaker, describe (a) how you ensured that eligible displaced homemakers were given priority for services, and (b) how you determined that non-eligible participants had circumstances similar to eligible displaced homemakers circumstances.
7. Provide stories about two clients who successfully completed the program, or something that you see as a trend in the individuals accessing your services (names of individuals do not need to be included).
8. Discuss your marketing strategies.

Report Submission: Narrative Reports should be submitted to HECB staff either through email or regular mail.

Instructions For Completing the Financial Report

To complete the financial report you should record the following information on the HECB online Excel form.

1. **Contractor:** Name of contracting organization.
2. **Report Period:** Quarterly dates for which the report is being submitted. (i.e. July 03 – September 03)
3. **Budget Amount:** The total amount budgeted for each category, per year, for both contract and match funds. Contract funds reallocated between 1 – 10% do not need prior approval, but should be noted on financial reports.

As stated in the contract:

*The Contractor may reallocate up to ten (10) percent of budgeted funds between budget categories with the exception of salaries or benefits without modifying the agreement.
The Board must approve in writing any adjustments affecting salaries or benefits.*

4. **Quarterly Reporting:** Following each quarter, record the contract expenditures and match expenditures for that quarter.
5. **Cumulative Expenditures:** Once expenditures are reported under the appropriate quarter, the cumulative contract and match expenditures will calculate automatically.
6. **Balance Remaining:** The remaining balance per budget year will calculate automatically. It should be used as a management tool to ensure all contract funds are spent.
7. **Signature:** Signature of the contracting agency's authorized signatory.
8. **Name:** Name of authorized signatory.
9. **Title:** Title of authorized signatory.
10. **Phone Number:** Phone number of authorized signatory.
11. **Date:** The date the financial report is signed.

**HIGHER EDUCATION COORDINATING BOARD
DISPLACED HOMEMAKER PROGRAM
2003-2004 Financial Report**

Contractor: _____

Report Period: _____

CONTRACT	Budget Amount	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Cumulative Expenditures	Balance Remaining
Personnel						0.00	-
Travel						0.00	-
Facilities						0.00	-
Advertising						0.00	-
Supplies/Materials						0.00	-
Communications						0.00	-
Other <i>Please Specify</i>						0.00	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

MATCH	Budget Amount	Cumulative Match	Balance Remaining
Personnel		0.00	-
Travel		0.00	-
Facilities		0.00	-
Advertising		0.00	-
Supplies/Materials		0.00	-
Communications		0.00	-
Other <i>Please Specify</i>		0.00	-
TOTAL	\$ -	\$ -	\$ -

Name: _____

Title: _____

Phone Number: _____

Date: _____

HIGHER EDUCATION COORDINATING BOARD
DISPLACED HOMEMAKER PROGRAM
2004-2005 Financial Report

Contractor: _____

Report Period: _____

<i>CONTRACT</i>	Budget Amount	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative Expenditures	Balance Remaining
Personnel						0.00	-
Travel						0.00	-
Facilities						0.00	-
Advertising						0.00	-
Supplies/Materials						0.00	-
Communications						0.00	-
Other <i>Please Specify</i>						0.00	-
<i>TOTAL</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<i>MATCH</i>	Budget Amount	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative Match	Balance Remaining
Personnel						0.00	-
Travel						0.00	-
Facilities						0.00	-
Advertising						0.00	-
Supplies/Materials						0.00	-
Communications						0.00	-
Other <i>Please Specify</i>						0.00	-
<i>TOTAL</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Name: _____

Title: _____

Phone Number: _____

Date: _____

Chapter X – HECB Secure Website

The Higher Education Coordinating Board has a secure website that houses all DHP forms, reports, and databases. In addition, the secure website has a secure file upload feature that allows reports to be submitted online, replacing the need to send reports by mail. Once an Electronic Access Agreement has been signed by the contracting organization, DHP staff will be able to submit reports online.

Each DHP contractor has identified those individuals who are to have access to the secure site, and those individuals have been registered on the secure site. You will need to contact HECB staff to obtain your Password.

Accessing the HECB Secure Website

The following steps should be used to access the HECB Secure Website:

1. Access the HECB Website at: www.hecb.wa.gov
2. Click on the second link on the left labeled: “For Aid Administrators” or type in:
3. <https://fortress.wa.gov/hecb/secure/login.asp>
4. Enter your email address and Password
5. Under Main Menu, click on the link to the Displaced Homemaker Program
6. You will see the available DHP forms, reports, and databases currently available

Accessing the Quarterly Report Form

Click on the 2003-2005 Quarterly Report link to download form. The report can be saved on your computer and updated each quarter. Submit the 2003-2005 Quarterly Report via the Document Submission link on the secure website. For detailed instructions, refer to the Document Submission section in this chapter.

Accessing the Financial Report Form

Click on the 2003-2005 Financial Report link to download the form. The report can be saved on your computer and updated each quarter. Submit the 2003-2005 Financial Report via the Document Submission link on the secure website. For detailed instructions, refer to the Document Submission section in this chapter.

Downloading the BESI Database

Click on the 2003-2005 BESI Database link to download the database. This database should be saved on your computer. BESI pre- and post-test scores can be added directly into the database. By downloading this database on your computer you will have access to reports detailing BESI scores for your program. Chapter VII of this handbook provides detailed instructions on how to use the database, run reports, and submit BESI scores to the HECB.

Submitting Client Forms Online

The Intake Form, Exit Form, and Follow up Form will be available online for input and submission at a later date. Client Forms may be submitted online or mailed to the HECB. Updates on submitting Client Forms online will be provided at a later date.

Document Submission

The Miscellaneous Document Submission link should be used to submit reports and forms. This allows you to submit files to the HECB in a protected and confidential manner. By federal and state mandate, any document or file that contains confidential, student-level information must be protected.

Submitting Reports

The updated 2003-2005 Quarterly Report and the updated 2003-2005 Financial Report must be submitted to the HECB before or on the due date.

The following steps should be used to submit reports through the HECB Secure Website:

1. On your computer, update the report, and save the updated version
2. Log on to the HECB Secure Website
3. Click on the link on the right labeled “Miscellaneous Document Submission”
4. Select **filename** (from your own computer) to upload by clicking on the **Browse** button
5. Select “Displaced Homemaker Program” from the **recipient** drop down menu
6. Type in a **description** of the file you're uploading in the space provided (i.e. Quarterly Report, etc.)
7. Click on the **Upload File** button

When you click on the Upload File button, your report will be submitted to the HECB and a box will be displayed that tracks the progress of the file transfer. Click on the “X” in the right hand corner to close the Progress Indicator Box. You will receive an email notifying you of receipt by HECB staff.

Important Note: All forms that require a signature and/or any document or correspondence that includes client’s social security numbers must be submitted to the HECB through the HECB Secure Website.